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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 587949

1. Corporation Name
WEST ENTERPRISE CORPORATION

Principal Place of Business	Mailing Address
1254 PROVIDENCE BLVD DELTONA FL 32725	1254 PROVIDENCE BLVD. DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 265 Fort Smith Blvd
Suite, Apt. #, etc. 22
City & State 23 Deltona FL
Zip 24 32738 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/28/1978

4. FEI Number
59-1909686
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEST, KEITH
1254 PROVIDENCE BLVD
DELTONA, FL FL 32725

10. Name and Address of New Registered Agent

81 Name WEST KEITH R.
82 Street Address (P.O. Box Number is Not Acceptable)
83 265 Fort Smith Blvd
84 City Deltona fl. 85 32738

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	11 TITLE	VSD	☒ Change ☐ Addition
NAME	WEST, NEIL T.		12 NAME	WEST, KEITH R.	
STREET ADDRESS	315 ATLANTIC AV/POB 14		13 STREET ADDRESS	1575 KY HWY 643	
CITY-ST-ZIP	E. ROCKAWAY NY		14 CITY-ST-ZIP	WAYNESBURG KY 40489	
TITLE	PTD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WEST, KEITH R.		22 NAME		
STREET ADDRESS	821 SAND CRANE LN		23 STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP	03-04-99 90033 007 150.00	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil T. West 2/6/99 (606) 365-3810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD