FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(1)

WESTFALL & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS , P.A. Principal Place of Business Mailing Address					
		1301 9TH AVE. WES' BRADENTON FL 3420			
	•			3. Date Incorporated or Qualified 10/25/1978	3a. Date of Last Report 04/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-1859915	Applied For
21		26		29-1029912	Not Applicable \$8.75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State		Oity & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Gountry	This corporation has flability for the Statistics Yes Yes	intangible tax under si 199.032, ☐ No
24	9. Name and Address of Curre	29 29 Anent	30	Florida Statutes Yes 10. Name and Address of New R	
	5. Name and Address of Com-	ent riegisteree Agont	81 Name		
WESTFA	ALL, DAVID P.		82 Street Ad	idress (P.O. Box Number is Not Acceptat	ole)
1301 9TH AVE W.			dz Street Ad	Cardos (F. C. Box Herribo II. Creek Hoophas	
BRADEN	VTON FL 34205		83		
			84 City	,	FL 85 Zip Code
familiar with	h, and accept the obligations of, Se Signal religious parted has entreached by	ichen 607.0505, Florida Statute iched technique	es softi Rojskins Auc tegrat is kaj I 13.	pard of directors. Thereby accept the application of the application o	DATE
12. TITLE	OFFICERS A	ND DIRECTORS	1 1 TiffeE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	WESTFALL, DAVID P.	<u> </u>	1.2 NAME		<u>-</u>
STREET ADDRESS	1301 9TH AVE. WEST		13 STREET ADDRESS		
City-ST-ZiP	BRADENTON, FL 0		1.4 C(TY - ST - Z(P)		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STHEF! ACIDRESS 2.4 City-St. ZIP		
CITY-ST-ZIP TIFLE		DEFETE	3 1 11/15		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		FT) OF FIG	3.4 C/TY - ST - ZIP		Change Addition
TITLE		DELETE	4 1 TITLE		☐ cuttings ☐ vocation
NAME CIDILI ADOBICE			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS OITY-ST-ZIP			4.4 C-1Y - S1 - ZIP		
TITLE		DELETE	5 1 THILF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		F) (c. 575	5.4 C:TY - ST - Z:P		Change Addition
TITLE		☐ DELETE	6 1 101f		Change Addition
NAME AVECT HERBERS			6.2 NAME 6.3 STHEFT ADURESS		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information suppeed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this amust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 order an attachined with an address.

SIGNATURE:

DAVID 15.5 TEAL 1. 12.5 4/18/96 (941) 748 - 8772

SIGNATURE:

SECNATURE AND A MEDICA PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR TO A 12 F 3 4/18/96