## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## **FILED** Feb 15, 1999 8:00am tate

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ANNUAL REP 1999	ORT		Secretary of State DIVISION OF CORPORATIONS	Secretary of S
DOCUMENT  1. Corporation Name	<b># 59</b> 1	653		02-13-1333 30023 007 130.

	WESTMENTS: INC.								
Principal Place	e of Business	Mailing Address							
1514 SHIRLEY		1514 SHIRLEY CT.							
LAKE WORTH F		LAKE WORTH FL 33461				DO NOT	WRITE IN THIS	SPACE	
CINE WOMEN	10 m 1 m					3. Date incorporated or Qua	alifed		}
						10/30/1978			
		2a. Mailing Address				4. FEI Number		Appl	lied For
2. Principal P	Place of Business	<b>├</b> ── <b>┐</b>				59-2499077			Applicable
21	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desi	red 🗆	\$8.75 Ad	
Suite, Apt.	. #, etc.	27				5. Certificate of oteras occi.		Fee Req	
22		City & State				6. Election Campaign Finar	ncing 🗀	\$5.00 N	•
City & Stat	te ,.	28				Trust Fund Contribution		Added to	rees
23	Country	Zip	Cou	intry		8. This corporation owes th	e current year In	itangible □ Yes	<b>⊠</b> No
Zip	25	29	30	_		Personal Property Tax.			
24	9. Name and Address of Curr					10. Name and Address of	New Registered	Agent	
	5. Name and reduced of			81	Name				
KRA	AMER, R K			82	Street Addr	ress (P.O. Box Number is Not A	cceptable)		
	4 SHIRLEY CT							क्षा केंद्रिक स्थान	इंग्रह्म होंग
	(E WORTH FL 33461			83					
5				84	City	1		85 Zip C	ode
	nt to the provisions of Sections 607.0			1 - 1	•		F		
SIGNATURE	E		TE: Registere		named corporati	ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered :	agent and title if applicable. (NO	TE: Registere	d Agent :		ed when reinstating)  ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered OFFICERS		TE: Registere	d Agent :		ed when reinstating)  ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
12.	Signeture, typed or printed name of registered OFFICERS  PST	agent and title if applicable. (NO AND DIRECTORS	TE: Registere 13.	d Agent :		ed when reinstating)  ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
12. TITLE NAME	Signature, typed or printed name of registered.  OFFICERS  PST PERNEY, SYLVIANE CLERE	agent and title if applicable. (NO AND DIRECTORS	TE: Registere 13.	Agent:		ed when reinstating)  ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRES	OFFICERS  PST PERNEY, SYLVIANE CLERET 1514 SHIRLEY CT.	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	Agent:	signature requir	ed when reinstating)  ADDITIONS/CHANGES		Change	Addition
12. TITLE NAME STREET ADDRES CITY-ST-ZIP	OFFICERS  PST PERNEY, SYLVIANE CLERE  1514 SHIRLEY CT. LAKE WORTH FL	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	MAGENT :	signature requir	ed when reinstating)  ADDITIONS/CHANGES		AND DIRECTO	RS IN 12 Addition
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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 enon an attachment with an address, with all other like empowered.

SIGNATURE: