## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

724994

(9)

440 WEST, INC.

FILED Feb 17 1997 8:00am Secretary of State



					1788111 286712 11887 81815 19877 107111	- 2000 ENDER BEREK DIRKE DERFEL BUDAK BUDIK 1881
Principal Place	e of Business	Mailing Address			* 100 III 100 II 10 II 1	dibt Aibet arbit billit biete arett fiteti indi
2753 STATE RD 580 VD.		2753 STATE RD 580 VD.				
#207 #207 Clearwater Beach FL 34621 Clearwater Beach FL 34			FI 34631.934	4		
CLEANWAIEN	DEMOTIFE 34021	OLEANWAILA DENOM	16 04061-00-	•	3. Date Incorporated or Qualified 12/08/1972	3a. Date of Last Report 03/01/1996
2. Principal Place of Business 2a. Mailing Address			s		4. FEI Number	Applied For
21 26					59-1803782	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24	25	29	30			Yes No
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New Re	gistered Agent
				61 Name		
REARDON, MAUREEN C., CPM				82 Street Address (P.O. Box Number is Not Acceptable)		
PROGRESSIVE MANAGEMENT, INC.						
2753 STATE ROAD 580, SUITE 207				83	•	
CLEARWATER FL 34621				84 City		FL 85 Zip Code
44 5	1 C-41- 617.050	0 017 4500 Florida Ot			Consequence of the state of the	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa ations of, Section 617.0503	as authorize Florida Stat	d by the cor utes.	l corporation submits this statement for the poration's board of directors. I hereby acception	ot the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered age	not and title if applicable	NOTE: Registere	d Agent signed in	e required when reinstating)	DATE
12.		D DIRECTORS	13.	J / NOTE BY RECO	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 []	TLE		☐ Change ☐ Addition
NAME	REICHERT, GERALDINE		1.2 N	AME	}	
STREET ADDRESS	739 ABERDEEN DR		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	CRETE IL 60417		1,4 C	TY-ST-ZIP		
TITLE	VD	DELETE	2.1 Ti	TLE		Change Addition
NAME	white, fred		2.2 N	AME		
STREET ADDRESS	8639 PONTE VEDRA CT		2.3 \$1	reet address		
CITY-ST-ZIP	HOLLAND OH 43528		2.40	ITY-ST-ZIP		
TITLE	TD	DELETE	3.1 TI	TLE	T/D	Change 🔼 Addition
NAME	TRAGER, DAVID		3.2 N		MacNAMEE, DAVID	ļ
STREET ADDRESS	450 S GULFVIEW BLVD #90		335	TREET ADDRESS	LAMO OF MORITARIA DEAD W	
CITY-ST-ZIP	CLEARWATER BEACH FL 34			rty - ST - ZIP	CLEARWATER BEACH FL 34	630
TITLE	SD	☐ DELETE	4.1 Ti		Į.	☐ Change ☐ Addition
NAME	DILLMAN, TOM	naps:	4.21			į
STREET ADDRESS	440 S GULFVIEW BLVD, #10	NGUB		TREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	<b>₩</b> DELETE		TY-ST-ZIP	<u> </u>	Change Addition
TITLE	D CONNELL DETER	NO DETERE	5.1 T(		D CAM	CHANGE MOUNTAIN
NAME OXDEEX ADDRESS	CONNELL, PETER	enaki	5.2 N		WEEDEN, SAM	702
STREET ADDRESS	440 S. GULFVIEW BLVD. #1	OULN		TREET ADDRESS		
City-St-ZiP	CLEARWATER BCH FL	<b>₩</b> DELETE		TY-ST-ZIP	CLEARWATER BEACH FL 34	D3U Change ☐ Addition
TITLE	D Stone, Martin	NA OCICIE	6.1 TI			ET ANDRIAL
NAME CYPEET ADDRESS	4216 FAIRWAY RUN		6.2 N			
STREET ADDRESS	TAMPA FL			TREET ADDRESS		
CITY-ST-ZIP	IVMENTE		b.4 C	ITY-ST-ZIP	1	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if clanged, or on an attachment with an address

SIGNATURE.

HATUME AND TYPED OR PARTIED NAME OF BIOMING OFFICER OR DIRECTOR

2/3/97

Daytime Phone # 0067367