

FILE NOW: FILING FEE IS \$61.25

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**Mar 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724994 (9)

1. Corporation Name
440 WEST, INC.



Principal Place of Business 2753 STATE RD 580 VD. #207 CLEARWATER BEACH FL 34621	Mailing Address 2753 STATE RD 580 VD. #207 CLEARWATER BEACH FL 34621
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3. Date Incorporated or Qualified 12/08/1972	
4. FEI Number 59-1803782	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33761	Country 25
Zip 29 33761	Country 30

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REARDON, MAUREEN C., CPM
PROGRESSIVE MANAGEMENT, INC.
2753 STATE ROAD 580, SUITE 207
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code 33761

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REICHERT, GERALDNE	
STREET ADDRESS	739 ABERDEEN DR	
CITY-ST-ZIP	CRETE IL 60417	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, FRED	
STREET ADDRESS	0839 PONTE VEDRA CT	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MACNAMEE, DAVID	
STREET ADDRESS	440 S GULFVIEW BLVD., #208	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DILLMAN, TOM	
STREET ADDRESS	440 S GULFVIEW BLVD, #1605N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEEDEN, SAM	
STREET ADDRESS	440 S GULFVIEW BLVD., #703	
CITY-ST-ZIP	CLEARWATER BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4734 OAKRIDGE DRIVE
2.4 CITY-ST-ZIP	TOLEDO OH 43623
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Maureen C. Reardon*

2-20-98

CR2E037 (1097)