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03-02-1999 90169 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



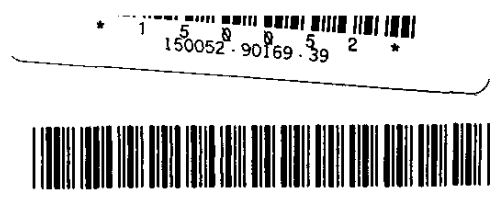
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724994

1. Corporation Name
440 WEST, INC.

Principal Place of Business
 2753 STATE RD 580 VD.
 #207
 CLEARWATER BEACH FL 33761
 US

Mailing Address
 2753 STATE RD 580 VD.
 #207
 CLEARWATER BEACH FL 33761
 US



21	2. Principal Place of Business 2753 STATE ROAD 580	2a. Mailing Address 2753 STATE ROAD 580	3. Date Incorporated or Qualified 12/08/1972
22	Suite, Apt. #, etc. #207	Suite, Apt. #, etc. #207	4. FEI Number 59-1803782
23	City & State CLEARWATER FL	City & State CLEARWATER FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33761	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	30
26	Zip 33761	Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REARDON, MAUREEN C., CPM PROGRESSIVE MANAGEMENT, INC. 2753 STATE ROAD 580, SUITE 207 CLEARWATER FL 34621		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code FL 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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, GERALDINE	1.2 NAME	
STREET ADDRESS	739 ABERDEEN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRETE IL 60417	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, FRED	2.2 NAME	
STREET ADDRESS	4734 OAKRIDGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43623	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACNAMEE, DAVID	3.2 NAME	SCOURTES, GEORGE
STREET ADDRESS	440 S GULFVIEW BLVD., #208	3.3 STREET ADDRESS	440 S GULFVIEW BLVD #306
CITY-ST-ZIP	CLEARWATER BEACH FL	3.4 CITY-ST-ZIP	CLEARWATER BEACH FL 33767
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLMAN, TOM	4.2 NAME	
STREET ADDRESS	440 S GULFVIEW BLVD, #1605N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEDEN, SAM	5.2 NAME	
STREET ADDRESS	440 S GULFVIEW BLVD., #703	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LAPORTE, NORMAND
STREET ADDRESS		6.3 STREET ADDRESS	450 S. GULFVIEW BLVD #301
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CLEARWATER BEACH FL 33767

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ DATE: **1-25-99** DAYTIME PHONE #: **(727) 461-2885**

CR2E037 (1/198)

150052-90169-39
724994

440 WEST, INC.

DOCUMENT #724994

13. ADDITIONS

D
ZAMMIT, ALFRED
5133 FOREST HILL DRIVE
MISSISSAUGA ONTARIO CANADA
L5M 5A3