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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 733800

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| | HWEST H | ERITAGE, INC. | | | | | | | 113 | INDI D ia da a dila ga dela | | EAN AIRII EI | 1811 418 11 8 181 | |
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| Principal Place | e of Business | | Mailing | g Address | | | | | 1 | | | | | |
| 1051 5TH AVE SO 1051 5TH AVE SO NAPLES FL 33940 NAPLES FL 33940 | | | | | | | | | | | | | | |
| | | | | | | | | | | corporated or 0 /10/1975 | ualified | 3a. D | ote of Last 04/18/1 | |
| 2. Principal Pl | lace of Busin | ess | 2a. Ma | iling Address | | | - | | 4. FEI Nui | nber | | | | Applied For |
| 21 | | | 26 | | | | | | 59 | -1641624 | | | | Not Applicable |
| Suite, Apt. | #, etc. | | | ite, Apt. #, etc | | | | | 5. Certifica | ate of Status De | esired | | | Additional Required |
| City & State | <u> </u> | | 27 | y & State | | | | | 6 Flootion | Compains Fun | | | · · · · | <u> </u> |
| 23 | .c | | 28 | y o olate | | | | | I | n Campaign Fini und Contribution | - | | | 0 May Be d to Fees |
| Zıp | | Country | Zip |) | | Country | | | 8. This co | rporation has la | bility for in | itangible t | tax under s | 199.032, |
| 24 | | 25 | 29 | | 30 | | | | Florida | Statutes | |] Yes [|] No | |
| | 9. Name | and Address of Current | Registere | d Agent | | | | | 10. Name | and Address o | of New Re | gistered | Agent | |
| | | | | | | 81 | Nan | e | | | | | | |
| | DENNIS R | | | | | 82 | Stre | et Addre | oss (P.O. Box | Number is Not | Acceptable | e) | | |
| | amiami trl | | | | | 83 | | | | | | | | |
| NAPLES | S FL 33940 | | | | | 63 | | | | | | | | |
| | | | | | | 84 | City | | 41.10-11.10-11.10 | | | FI | 85 Z | p Code |
| | | | | | | | L | | | | ar this role | | - | registered office |
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| Pursuant or register | to the provis red agent, or | ions of Sections 617.0502 both, in the State of Florid | and 617.15 a. Such cha | 08, Florida Sta ange was auth | atutes, the a orized by the | above-r he corp | named oration | corpora i's boar | ation submits t d of directors. | his statement it Thereby accept | the appo | intment a | s registered | Lagent. Lam |
| familiar wi | to the provis red agent, or ith, and acce | ions of Sections 617.0502 both, in the State of Florid pt the obligations of, Section | and 617.15 a Such cha on 617.050 | 508, Florida Sta ange was auth 3, Florida Stati | atutes, the a lorized by thutes. | above-r he corp | named oratior | corpora i's boan | ation submits t d of directors. | his statement to Thereby accept | the appo | intment a | s registered | Lagent. Lam |
| 11. Pursuant or register familiar wi | ith, and acce | pt the obligations of, Section | on 617.050 | 3, Florida Stati | utes. | | | | | nis statement to Thereby accept | the appo | | s registered | i agent. I am |
| familiar wi | ith, and acce | ions of Sections 617.0502 both, in the State of Florid pt the obligations of, Section or printed name of registeral align 1 at OFFICE RS AND | on 617.050 nd Nicitarpie | 3, Florida Stati | (NOTE: Regist | | | | i wî en reinstatingî | Thereby accept | | DATE | | |
| familiar wi | ith, and acce | pt the obligations of, Section or printed name of registered agents | on 617.050 nd Nicitarpie | 3, Florida Stati | (NOTE Hage) | lered Agei | | | i wî en reinstatingî | | | DATE | | |
| familiar wi SIGNATURE 12. | Signature typed | pt the obligations of, Section or printed name of registered agent a OFFICE RS AND | on 617.050 nd Nicitarpie | 3, Florida Stati ano RS | utes. (NOTE Hegel | leret Ager | | | i wî en reinstatingî | | | DATE | O DIRECTO | DRS IN 12 |
| familiar wi SIGNATURE 12. | Signature typed VD MCKEE | pt the obligations of, Section or printed name of registered agents | on 617.050 nd Nicitarpie | 3, Florida Stati ano RS | utes. (NOTE Regist 1 | lered Agei 13. | 1 signati | re required | i wî en reinstatingî | | | DATE | O DIRECTO | DRS IN 12 |
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carby that the information indicated on this armidal report or supplemental armidal report is true and accurate and that my signature shall have the same legal effect as in 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.

GNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _