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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	MENT # F14902 WESTMENTS, INC.	(3)		1911/11 1101 1171 1171 1171 1171 1171	
Principal Place of Business 1406 BERSHIRE DRIVE (BRANDON) P.O. BOX 320549 TAMPA FL 33679		Mailing Address 1406 BERSHIRE DRIVE (BRANDON) P.O. BOX 320549 TAMPA FL 33679-2549			
				3. Date Incorporated or Qualified 01/15/1981	3a. Date of Last Report 03/12/1996
	lace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For
21 Suite Apt.	#. etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	c	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 _{lp}	Country	Zip	Country	This corporation has liability for	7,0000,000
24	25		80	Florida Statutes	Yes No
COV	 Name and Address of Current INGTON, DECARR D., JR. 	t Hegistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
	B BERKSHIRE DRIVE		82 Street Add	ress (P.O. Box Number is Not Accepta	hla)
BRANDON FL 33511				ress (F.O. Box Number is Not Accepta	DIE)
}			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the	
office or i agent 1 a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corporal da Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	N/A				
12.	Signific Apod a punted have of registered age. OFFICERS AND	.,	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THILE	P	DELETE	1.1 TITLE		Change Addition
NAME	COVINGTON, DECARR D. JR		1.2 NAME		
STREET ADDRESS	1406 BERKSHIRE DRIVE BRANDON FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	COVINGTON, JOYCE C		2.2 NAME		-
STREET ADDRESS	1406 BERKSHIRE DRIVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	BRANDON FL	☐ DELETE	2 4 City-St-ZiP 3.1 Title		Change Addition
NAME	}		3.1 TITLE		Fi Avende Fi 19000001
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 7IP			3.4. CITY-ST-ZIP		0
THEE NAME		DELETE	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP		
TIFE		☐ DELETE	5.1 TITLE		Change Addition
NAME STOLE LEADING			5.2 NAME		
STREET ADDRESS CHY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		ļ
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	Ì		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

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 concoration or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Black 13 if changed or on an attachment with an address.

SIGNATURE:

CITY - ST - ZIP

813/653-0866 Daylime Phone #

FILED

Apr 11 1997 8:00am

Secretary of State