**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F66300** **(7)**

1. Corporation Name
**WESTLAND REALTY INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % WILLIE H DAY<br>6950 OKEECHOBEE BLVD.<br>WEST PALM BEACH FL 33411 | % WILLIE H DAY<br>6950 OKEECHOBEE BLVD.<br>WEST PALM BEACH FL 33411 |

3. Date Incorporated or Qualified: 02/08/1982
3a. Date of Last Report: 02/02/1995

2. Principal Place of Business
21: 1426-A SKEES RD
22: Suite, Apt. #, etc
23: City & State: W. PALM BEACH, FLA.
24: Zip: 33411
25: Country

2a. Mailing Address
26: 1426-A SKEES RD
27: Suite, Apt. #, etc
28: City & State: W. PALM BEACH, FLA.
29: Zip: 33411
30: Country

4. FEI Number: 59-2255001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**DAY, WILLIE H**
**6950 OKEECHOBEE BLVD.**
**WEST PALM BEACH FL 33411**

10. Name and Address of New Registered Agent
81 Name: DAY, WILLIE H.
82 Street Address (P.O. Box Number is Not Acceptable): 1426-A SKEES RD.
83
84 City: W. PALM BEACH FL 85 Zip Code: 33411

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DAY, WILLIE H | | 1.2 NAME | |
| STREET ADDRESS | 119 MEADOWLARK DRIVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH, FL 00000 | | 1.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | COOK, JACK E | | 2.2 NAME | |
| STREET ADDRESS | 12221 BECK ROAD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLYMOUTH, MICHIGAN 00000 | | 2.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WEISSMAN, SEYMOUR | | 3.2 NAME | |
| STREET ADDRESS | 4350 HILLCREST DRIVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD, FL 00000 | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Willie H Day 7-19-96 (407) 684 9248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #