

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90075 007 ***150.00

DOCUMENT # F92397

1. Corporation Name
JUPITER WEST, INC.

Principal Place of Business
880 JUPITER PARK DR SUITE 14
JUPITER FL 33458

Mailing Address
880 JUPITER PARK DR SUITE 14
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1982

4. FEI Number

59-2321263

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 11 D CONCOURSE DRIVE
Suite, Apt. #, etc.

26 11 D CONCOURSE DRIVE
Suite, Apt. #, etc.

22 City & State
TEQUESTA FL

27 City & State
TEQUESTA FL

23 Zip Country
33469

28 Zip Country
33469

24 33469

29 33469

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, WILLIAM F.
880 JUPITER PARK DR., STE. 14
JUPITER FL 33458

81 Name COLLINS, WILLIAM F.

82 Street Address (P.O. Box Number is Not Acceptable)
11 D CONCOURSE DRIVE

83

84 City TEQUESTA

FL

85 Zip Code

33469

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COLLINS, WILLIAM F.
STREET ADDRESS 880 JUPITER PARK DR STE
CITY-ST-ZIP JUPITER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 11 D CONCOURSE DRIVE
1.4 CITY-ST-ZIP TEQUESTA, FL 33469

TITLE STD
NAME GOLDSTEIN, JAMES
STREET ADDRESS 2601 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5825 NW 42nd WAY
2.4 CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

DATE

561-746-2879

Daytime Phone #

CR2E034 (11/98)