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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F96000005177 (8)

DUE WEST ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 19 1998 8:00am Secretary of State



1502 FARRINDON CIRCLE 1502 FARRINDON CIRCLE HEATHROW FL 32746 HEATHROW FL 32746						
TENIMOTE I	C OFF THE	HEATIMON IE SEITO		DO NOT WRITE IN TH	IS SPACE	
				 Date Incorporated or Qualified 10/07/1996 		
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEI Number	Ар	plied For
21.535	Masalo Pl.	26 555 Mas	alop.	74-2794456	No	t Applicable
Suite, Apt. 4	v, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State		28 Lake Ma	17 FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24 327 L	16 25 USA	29 3274 W 31	Country	This corporation owes or has paid the Personal Property Tax due June 30.	— · h	angible No
<u> </u>	9. Name and Address of Current			10. Name and Address of New Registers	d Agent	
WEST, DAVID L 81 Name						
	2 FARRINDON CIRCLE		62 Street	Address (P.O. Box Number is Not Acceptable)		
	ATHROW FL 32746		83	55 MasabPL		
			B4 City	- ka M-2 F	85 ~Zip.(Code / o
				are many F		27 W
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this elatement 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature: Typed or printed runner of regestered agent and title if apple able (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PCD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	WEST, DAVID L		1.2 NAME	ECC Marcal NI	r	
STREET ADDRESS	1502 FARRINDON CIRCLE		1.3 STREET ADDRESS	SSS Masaloft 2 224		
CITY-ST-ZIP	HEATHROW FL		1.4 CITY - ST - ZIP	Like Mary, EL 32146)	
TITLE	8	☐ DELETE	2.1 TITLE) ,	Change	☐ Addition
NAME	WEST, BRIGITTE B		2.2 NAME	SSS Masalo Pl.	•	
STREET ADDRESS	1502 FARRINDON CIRCLE		2.3 STREET ADDRESS		1-	
CITY-ST-ZIP	HEATHROW FL	- III oo oo	2.4 CITY - ST - ZIP	Lake Mary, FL 32741		- Lagren
TITLE		DELETE	3.1 T(TLE	J .	L Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change	Addition
TITLE		☐ DELETE	4 1 TITLE		☐ Change	L Addillon
NAME			4. 2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELLAC	4.4 C/TY - ST - Z/P		Change	Addition
TITLE		☐ DELETE	5.1 TITLE		L_1 Change	C ROGILION
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			1
CITY-ST-ZIP		DELETE	5 4 C(TY - ST - Z)P		Change	Addition
TITLE		I'M DETELL	61 TITLE		C) Ollande	L MOSIBOIL
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP	ad a Continue 110 07(0)(i) Florido Statudos A furthe	e and the the	1.5

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 informatio indicated on this annual report or suppliemental 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. 4/20/98