


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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005395 (6)**

1. Corporation Name
WESTWAYNE, INC.

Principal Place of Business 401 EAST JACKSON STREET, SUITE 3600 TAMPA FL 33602	Mailing Address 401 EAST JACKSON STREET, SUITE 3600 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 10/17/1996	
25 Country		30 Country		4. FEI Number 58-0906081 Applied For <input type="checkbox"/> Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOMMER, ZANDRA 401 EAST JACKSON STREET TAMPA FL 33602				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	COB	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSEY, C K JR			1.2 NAME			
STREET ADDRESS	1100 PEACHTREE STREET, SUITE 1800			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			1.4 CITY-ST-ZIP			
TITLE	VCS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, SIDNEY L			2.2 NAME			
STREET ADDRESS	1100 PEACHTREE STREET, SUITE 1800			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			2.4 CITY-ST-ZIP			
TITLE	CFOT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULLER, H T			3.2 NAME			
STREET ADDRESS	1100 PEACHTREE STREET, SUITE 1800			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACDONALD, MARTIN			4.2 NAME			
STREET ADDRESS	1100 PEACHTREE STREET, SUITE 1800			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEST, BENJAMIN B			5.2 NAME			
STREET ADDRESS	401 EAST JACKSON STREET, SUITE 3600			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			5.4 CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDMEADES, MICHAEL			6.2 NAME			
STREET ADDRESS	401 EAST JACKSON STREET, SUITE 3600			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			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.

SIGNATURE: _____

CR2E034 (10/97)