

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90016 013 \*\*\*158.75

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # F97000000282**

1. Corporation Name

**WESTBRIDGE INSURANCE GROUP, INC.**



Principal Place of Business

**12000 BISCAYNE BOULEVARD, SUITE 801  
SUITE 217  
MIAMI FL 33181  
US**

Mailing Address

**12000 BISCAYNE BOULEVARD, SUITE 801  
SUITE 217  
MIAMI FL 33181  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/16/1997**

4. FEI Number

**42-1332766**

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.



Yes



No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

23. City & State

**24** Zip **25** Country

28. City & State

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **CLEVELAND, DONALD**  
STREET ADDRESS **16711 COLLINS AVENUE, #707**  
CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE **S** ☐ DELETE  
NAME **CLEVELAND, STEPHAN**  
STREET ADDRESS **921 S. PARK RD., #103**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **T** ☐ DELETE  
NAME **CLEVELAND, CHRISTOPHER**  
STREET ADDRESS **218 CRESCENT VALLEY DRIVE**  
CITY-ST-ZIP **ST. LOUIS MO 63088**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

*Donald L. Cleveland* **DONALD L. CLEVELAND**

**7-9-99** **305-892-1105**

Date

Daytime Phone #

CR2E034 (5/99)

S89957-90016-13  
F97000000282

## Westbridge Insurance Group

Donald L. Cleveland  
President  
12000 Biscayne Boulevard  
Suite 217  
Miami, Florida 33181

Telephone 305-892-1140  
Fax 305-892-1105

July 9, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sirs:

I am sending to you my 1999 annual report with the normal filing fee and certificate fee.

I have made this response, because the first annual report filing form never reached my office. When I received the present form at the beginning of this week, I called your offices to ask when the initial report form was mailed? The woman who took my call brought up my records on her computer. She found that the initial address in her computer was still Suite 801. Since we have moved from that suite over six months ago, the post office no longer honors the mail forwarding request we filed with them. So, in all probability, your first notice went to that address, but was not delivered to us.

Further, just as a matter of practice, I file all of my reports and license renewal on time. I must file corporate reports in Arizona, Iowa and Maryland in addition to Florida. All of the others were completed and sent to the states within 10-15 days of receipt. I would have done the same with Florida's had I received the forms.

Finally, I am also a licensed insurance broker and agent in 21 states. I must also respond in a timely manner to the annual renewals in each of these states. I have a special suspense file in which all license and corporate report forms are held for immediate action.

Your initial report form simply did not reach us at our current address, so, I'm petitioning you requesting that you accept the normal fees for this filing.

Sincerely Yours,



Donald L. Cleveland  
President