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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001147 ✓

1. Corporation Name

WEST & WEST ASSOCIATES, INC.

Principal Place of Business

151 NEW YORK AVENUE
HUNTINGTON, NY 11743

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/27/98

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

11-3206868

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSAN HARTNER
11271 SW 181 TERRACE
MIAMI, FL 33157

81 Name SCOTT E. WEST

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

1620 MAIN STREET

83 SUITE 3

84 City SARASOTA

FL

85 Zip Code

34236

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.

SCOTT E. WEST

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D/T ☐ DELETE
NAME ROSEANN WEST
STREET ADDRESS 261 NASSAU ROAD
CITY-ST-ZIP HUNTINGTON, NY 11743

TITLE V/D/S ☐ DELETE
NAME EDWARD WEST
STREET ADDRESS 261 NASSAU ROAD
CITY-ST-ZIP HUNTINGTON, NY 11743

TITLE C ☐ DELETE
NAME SCOTT E. WEST
STREET ADDRESS 261 NASSAU ROAD
CITY-ST-ZIP HUNTINGTON, NY 11743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P/D/T ☐ Change ☐ Addition
1.2 NAME ROSEANN WEST
1.3 STREET ADDRESS 96 LAUREL HILL ROAD
1.4 CITY-ST-ZIP NORTHPORT, NY 11768

2.1 TITLE V/D/S ☐ Change ☐ Addition
2.2 NAME EDWARD WEST
2.3 STREET ADDRESS 96 LAUREL HILL ROAD
2.4 CITY-ST-ZIP NORTHPORT, NY 11768

3.1 TITLE C ☐ Change ☐ Addition
3.2 NAME SCOTT E. WEST
3.3 STREET ADDRESS 1620 MAIN STREET
3.4 CITY-ST-ZIP SARASOTA, FL 34236

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, with all other like empowered.

SIGNATURE: *Roseann West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEANN WEST, PRESIDENT

4/28/99

Date

516/427-3017

Daytime Phone #

CR2E034 (11/98)