

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 04, 1999 8:00 am  
Secretary of State

03-04-1999 90153 011 \*\*\*150.00

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1. Corporation Name

WESTWARD INTERNATIONAL, INC.

Principal Place of Business

621 N BRYAN  
FT COLLINS CO 80521-1605

Mailing Address

621 N BRYAN  
FT COLLINS CO 80521-1605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

86-0693231

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 14041 U.S. HIGHWAY 1  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 SUITE C

27 City & State

23 JUNO BEACH, FL.

28 City & State

Zip Country

Zip Country

24 33408

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFER, GUNTER B  
14041 US HIGHWAY 1 STE C  
JUNO BEACH FL 33408

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME HAFAER, GUNTER B  
STREET ADDRESS 14041 US HWY 1 STE C  
CITY-ST-ZIP JUNO BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME SALAS, HECTOR  
STREET ADDRESS CALLE BUENOS AIRES #1  
CITY-ST-ZIP PUERTO ORDAZ, VENEZUELA

2.1 TITLE VD  
2.2 NAME TIMOTHY HAFAER  
2.3 STREET ADDRESS 2901 ELVADO CT.  
2.4 CITY-ST-ZIP LOVELAND, CO. 80537

TITLE SD  
NAME ANDREWS, DENISE M  
STREET ADDRESS 1600 WEST FIRST ST.  
CITY-ST-ZIP LOVELAND CO

3.1 TITLE  
3.2 NAME SECRETARY  
3.3 STREET ADDRESS PATRICIA TURNER  
3.4 CITY-ST-ZIP 4602 CAPTAINS WAY  
JUPITER, FL. 33477

TITLE T  
NAME BURGESS, KAREN  
STREET ADDRESS 621 N BRYAN  
CITY-ST-ZIP FT COLLINS CO

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-99

970-484-2906

CR2E034 (1/98)