

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90043 017 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000006481

1. Corporation Name
URBAN WEST MANAGEMENT, INC.



Principal Place of Business Mailing Address
4830 WEST KENNEDY BLVD., STE. 740 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1998

4. FEI Number
59-3308046

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
ROSS, SAMUEL K
4830 WEST KENNEDY BLVD., STE. 740
TAMPA FL 33609

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, JACK H	1.2 NAME	
STREET ADDRESS	4830 WEST KENNEDY BLVD., STE. 740	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, SAMUEL K	2.2 NAME	
STREET ADDRESS	4830 WEST KENNEDY BLVD., STE. 740	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DANIEL B	3.2 NAME	
STREET ADDRESS	4830 WEST KENNEDY BLVD., STE. 740	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, DALE A	4.2 NAME	
STREET ADDRESS	4830 WEST KENNEDY BLVD., STE. 740	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JOHN H	5.2 NAME	
STREET ADDRESS	3 IMPERIAL PROMENADE, STE. 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURTLIE, STEPHEN	6.2 NAME	
STREET ADDRESS	3 IMPERIAL PROMENADE, STE. 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	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: _____ DATE: 4-15-99 DAYTIME PHONE #: (813) 286-4140

CR2E034 (1/98)