

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

**FILED**

**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G30942 (8)**

**FAR WEST, INC.**



Principal Place of Business: **31614 BOTTANY WOODS DR EUSTIS FL 32726 US**  
 Mailing Address: **PO BOX 3633 DELAND FL 32723-3633 US**

3. Date Incorporated or Qualified: **03/29/1983**      3a. Date of Last Report: **05/29/1996**  
 4. FEI Number: **59-2274848**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**LANIER, KENNETH L**  
**1100 PINE MEADOWS RD**  
**EUSTIS FL 32726**

10. Name and Address of New Registered Agent  
 81 Name: **ROBERT L. MORGAN**  
 82 Street Address (P.O. Box Number is Not Acceptable): **32032 LAKE DRIVE, TAVARES, FL (NOT RAIL)**  
 83 **P.O. BOX 895014**  
 84 City: **LEESBURG**      FL      85 Zip Code: **34789**

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: *Robert L Morgan*      **ROBERT L MORGAN**      **SECRETARY**      **14 APR 97**  
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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>LANIER, KENNETH L.</b>
STREET ADDRESS	<b>1100 PINE MEADOWS RD</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KLUMPEN, GERD</b>
STREET ADDRESS	<b>POSTFACH 1323</b>
CITY-ST-ZIP	<b>47630 STRAELEN WE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KAMMAN, HEINZ</b>
STREET ADDRESS	<b>POSTFACH 1323</b>
CITY-ST-ZIP	<b>47630 STRAELEN WE</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MORGAN, ROBERT L.</b>
STREET ADDRESS	<b>32032 LAKE DRIVE</b>
CITY-ST-ZIP	<b>TAVARES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Robert L Morgan*      **ROBERT L MORGAN**      **14 APR 97**      **352-483-2922**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)