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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G45875**

1. Corporation Name

NEAR WEST, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90004 049 ***150.00



							S EIKH HAN ANN	.] 8 46	
Principal Place	of Business	Mailing Address							
3862 SHERIDAN STREET 3862 SHERIDAN STREET									
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					00.1	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or		IIO OI AOL		
					06/23/1983	Qualifo			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Api	plied For	
21 3880	Sheridan St.	26 3880 Shery	lan	St	59-4621058		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status I	Desired	\$8.75 A	dditional	
22		27			3. Certificate of Status I	Desired	Fee Re	quired	
City & State		City & State	1 ,	φ ₁	6. Election Campaign F	inancing [\$5.00	May Be	
23 Holl	bullood. Fel	28 Hollewor	od,	<u>tl,</u>	Trust Fund Contribut	ion	t bebbA	o Fees	
Zip 24 3302	Country	Zip'	Countr		8. This corporation owe	s the current year		_	
24 3302	1 25 Droward	29 3600		Mary	Personal Property Ta			□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address	of New Registere	ed Agent		
	Ol INI		8	I Name					
HILL, OLIN 3880 -3862-SHERIDAN STREET HOLLYWOOD FL 33021				82 Street Address (P.O. Box Number is Not Acceptable)					
				3					
			8-	6 City			85 Zip C	Code	
	<u> </u>					F	— 1 1		
office or re	to the provisions of Sections 607.050; agistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized b	v the corpo	corporation submits this statemeration's board of directors. I her	ent for the purpose eby accept the app	of changing its pointment as rec	jistered	
SIGNATURE									
	Signature, typed or printed name of registered agen		<u> </u>	ent signature r	quired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AN		13.		ADDITIONS/CHANGE	S TO OFFICERS			
TITLE	PD	DELETE	1.1 TITLE	i			[_/_Change	☐ Addition	
NAME (HILL, OLIN M., III	/ `	1.2 NAME					ļ	
STREET ADDRESS			4.2 CTDE	ET ADDRESS		·		}	
	3862 SHERIDAN ST.		1.3 STRE					I	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR