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

## **PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	JAL REPORT Secretary of State  1997 DIVISION OF CORPORATIONS				Secretary of State				
,	MENT # G827 WESTMENTS, INC.	80 (9	)						
DALA II	AAESTANEM 19' IIAC'								
Principal Place 2407 LAGUNA FT. LAUDERD US		Mailing Address PO BOX 6628 FT. LAUDERDALE US	PO BOX 6628 FT. LAUDERDALE FL 33316-0060			3. Date Incorporal		3a. Date of Last Re	
						02/01/1984	ou or quamica	05/01/1996	орог
J	Place of Business	2a. Mailing Addr	ess			4. FEI Number 65-011713	9	<del> </del>	plied For t Applicable
Suite, Apt	# etc.	Suite, Apt. #,	etc.		<del></del>	5. Certificate of St	<del></del>	\$8.75	
22		27						Fee Re	quired
City & Sta	te	City & State				6. Election Campa Trust Fund Con	-	\$5.00 Added t	
Zip 24					Untry  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No				
-\	9. Name and Address of Cu	irrent Registered Agent		B1	Name	10. Name and Add	Iresa of New Re	glatered Agent	
	IK, EDWARD R.			82	<u> </u>				
2407 LAGUNA DR. PO BOX 6628					Street A	ddress (P.O. Box Number	is Not Acceptab	le)	
FT. LAUDERDALE FL 33316					ļ ————	······································	······································		
					City			85 Zip (	Code
		0500 and 607 1500 Florid	In Otal tan the						
office or	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the c	State of Florida, Such chan	na Statutes, the a	d by	e-named c y the corpo	orporation submits this st oration's board of director	atement for the p s. I hereby accep	or the appointment as	registered
SIGNATURE	arii ianililai wan, and accept the t	obligations (if, Section (or )	JOOG, FIORICA SIG	1010	<b>o</b> .				}
	Signature, type of or printed name of register				ent signature r	equired when reinstating)		DATE	
12. Title	OFFICERS T <b>b</b>	S AND DIRECTORS	13.	ITLE	<del></del> η	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTOR	S IN 12
NAME	FINK, EDWARD R.	الله الله		NAME				En charge	C. JAGORIOII
STREET ADDRESS	ALON LAGURIA DD - DO DOV 6660				T ADDRESS				ĺ
CITY - ST - ZIP	FT. LAUDERDALE FL 3331				ST-ZIP				Ì
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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 appears in Block 12 or Block 13 if changed in on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 25 1997 8:00am