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

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H51066

(9)

## **FILED** Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  WWALTER G. WEST 307 N.W. DEARMAN ST. PORT ST.LUCIE FL 34983  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified 04/08/1985	
307 N.W. DEARMAN ST. PORT ST.LUCIE FL 34983  PORT ST.LUCIE FL 34983  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
PORT ST.LUCIE FL 34983 PORT ST.LUCIE FL 34983 DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
3. Date Incorporated or Qualified	
04/08/1985	
	1
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 65-0104489	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
22 27 City & State City & State 6 Election Campaign Financing	Fee Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the cu	
C. This corporation owns of this paid the or	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	
WEST, WALTER G. 81 Name	
307 N.W. DEARMAN ST. 82 Street Address (P.O. Box Number is Not Acceptable)	
PORT ST.LUCIE FL 34983-8531	
83	
84 City	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 ap agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	pointment as registered
	·
SIGNATURE	
Signature, typed or printed narrix of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) DATE	
SIGNATURE Signature, typoid 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 TITLE  1.1 TITLE	
12. OF I ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TILLE  PD  1.1 TITLE  1.1 TITLE	D DIRECTORS IN 12
Signature. Typed or punted owner of registered agent and title if applicable. (NOTE Registered Agent aignature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  1.1 TITLE	D DIRECTORS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  STREET ADDRESS  Signature, typed or printed name of registered approach in the if approach in (NOTE Registered Agent aignature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  1.1 TITLE  WEST, WALTER G.  307 N.W. DEARMAN ST.  13 STREET ADDRESS  13 STREET ADDRESS	D DIRECTORS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE SD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  I.1 TITLE 2.1 TITLE 2.1 TITLE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE 2.1 TITLE 2.1 TITLE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE 2.1 TITLE 2.1 TITLE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE 2.1 TITLE 2.1 TITLE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  5. ADDITIONS/CHANGES TO OFFICERS  5. ADDITIONS/CHANGES TO OFFICERS  5. ADDITIONS/CHANGES TO OFFICERS  5. ADDITIONS/CHANGES TO OFFICERS  5. ADDITIONS/CHANGES T	D DIRECTORS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  SD  TITLE  SD  TITLE  NAME  WEST, SANDRA J.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  2.2 NAME	D DIRECTORS IN 12
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12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  WEST, WALTER G. 307 N.W. DEARMAN ST. FITLE  NAME  STREET ADDRESS  C(TY-ST-ZIP  TITLE  NAME  WEST, SANDRA J. STREET ADDRESS C(TY-ST-ZIP  TO DELETE  L2 NAME  22 NAME  23 STREET ADDRESS C(TY-ST-ZIP  SD  WEST, SANDRA J. STREET ADDRESS C(TY-ST-ZIP  TO DELETE  23 STREET ADDRESS C(TY-ST-ZIP  CONTRACTOR ST. LUCIE FL  L2 NAME  24 NAME  25 NAME  26 NAME  27 NAME  28 STREET ADDRESS C(TY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP	D DIRECTORS IN 12 Change Addition Change Addition
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  WEST, WALTER G. 307 N.W. DEARMAN ST. FORT ST.LUCIE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  WEST, SANDRA J. SIREET ADDRESS CITY-ST-ZIP  TITLE  SD  WEST, SANDRA J. SIREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 SIREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3. ADDITIONS/CHANGES TO OFFICERS AND DIFFICERS AND DIFF	D DIRECTORS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  WEST, WALTER G. 307 N.W. DEARMAN ST. PORT ST.LUCIE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  2.1 TITLE  2.1 TITLE  VEST, SANDRA J. 2.2 NAME  307 N.W. DEARMAN ST. 2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME	D DIRECTORS IN 12 Change Addition Change Addition
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Stipularie, Pyped or printed name of registred agent and time if appticable	D DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

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.

561-879-4508