PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

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4. Companding Name	••	111077	U

AMERWEST DEVELOPMENT COMPANY

Principal Place of Business 1860 OLD OKEECHOBEE RD 508 W PALM BEACH FL 33409

Mailing Address

1860 OLD OKEECHOBEE RD 508 W PALM BEACH FL 33409

3. Date Incorporated or Qualifed 08/08/1985 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 62-1253095 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. X Certificate of Status Desired Fee Required-27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Michael R. Lang 81 STEPHENS, JOHN E., JR. Street Address (P.O. Box Number is Not Acceptable) 82 540 N.E. FOURTH STREET 1860 Old Okeechobee Road FT. LAUDERDALE FL 33301 83 Suite 508 Zip Code 84 City 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. 1 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE RUTH E. COOK 1.2 NAME 1860 OLD OKEECHOBEE RD. #508 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH, FL 33409 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE LANG, MICHAEL R. 2.2 NAME NAME 1860 OLD OKEECHOBEE RD 2.3 STREET ADDRESS STREET ADDRESS PALM BCH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETÉ 51 TM F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIE CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:



CR2E034.(11/98)