

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sup. Pub. Affairs
Sec. of State
DIVISION OF CORPORATIONS

DOCUMENT # H92115

1. Corporation Name

WEST FLORIDA PROPERTIES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **116 Wild Fern Dr.**

Subst. Apt. #, etc.

22

City & State

23 **Longwood, FL**

Zip

24 **32779**

County

25

2a. Mailing Address

26 **P. O. Box 540328**

Subst. Apt. #, etc.

27

City & State

28 **Orlando, FL**

Zip

29 **32854**

County

30

3. Date of Report to Quality

12/26/85

3a. Date of Last Report

3/30/95

4. FEEL Number

59-2875111

Applicable

Fee

\$8.75 Additional Fee Required

5. Certificate of Status Issued

6. Election of Fiscal Year Ending

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. Has Corporation been liable for any tax to which it is subject under Florida Statute

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name **West, A. J.**

82

Street Address (P.O. Box Number is Not Acceptable)

116 Wild Fern Drive

83

84

City

Longwood

FL

85

Zip

32779

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned hereby certifies that the person named in this report as the principal place of business, office or registered agent of this corporation is the person who is authorized by the corporation to bind and execute Florida corporate documents and that a postcard has been mailed to the principal place of business, office or registered agent of this corporation.

SIGNATURE

A. J. West

5/31/96

12. OFFICERS AND DIRECTORS

12.1	NAME	<input type="checkbox"/> Director
12.2	STREET ADDRESS	
12.3	CITY, STATE, ZIP	
12.4	NAME	<input type="checkbox"/> Director
12.5	STREET ADDRESS	
12.6	CITY, STATE, ZIP	
12.7	NAME	<input type="checkbox"/> Director
12.8	STREET ADDRESS	
12.9	CITY, STATE, ZIP	
12.10	NAME	<input type="checkbox"/> Director
12.11	STREET ADDRESS	
12.12	CITY, STATE, ZIP	
12.13	NAME	<input type="checkbox"/> Director
12.14	STREET ADDRESS	
12.15	CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

P/S/T/D Yes No

West, A. J.

116 Wild Fern Dr.

Longwood, FL 32779

V

West, Robert S.

#5 Cypress Lane

Winter Park, FL 32789

200001862132
-06/14/96--01034--033
*****225.00**

6/14/96

SIGNATURE:

A. J. West, President

5/31/96

407-774-2815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRPE034 (3/96)