

**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  
SUNSHINE MICHIGAN  
SUNSHINE FLORIDA  
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 to Incorporate in Florida

\$5.00 May Be Added to Fees

8. This Corporation has liability insurance for the protection of its 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 corporation is subject to this statute. The purpose of this certificate is to certify that the corporation is subject to this statute. If the corporation is not subject to this statute, it is hereby advised that the corporation must file a petition for relief from this statute with the Department of State.

SIGNATURE

A. J. West

5/31/96

12. OFFICERS AND DIRECTORS

12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
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12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>
12.1	NAME	<input type="checkbox"/>	12.2	ADDRESS	<input type="checkbox"/>

13. ADDITIONAL REGISTERED AGENTS

13.1	NAME	<input checked="" type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>
13.1	NAME	<input type="checkbox"/>	13.2	ADDRESS	<input type="checkbox"/>

P/S/T/D  
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)