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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J49075

(1)

1. Corporation Name

WESTERN HILLS ESTATES, INC.

Principal Place of Business

% WILLIAM M. HART, II  
555 SW 130TH AVE  
DAVIE FL 33325

Mailing Address

% WILLIAM M. HART, II  
555 SW 130TH AVE  
DAVIE FL 33325-3302

3. Date Incorporated or Qualified  
01/01/1987

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

21 555 S.W. 130 Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

23 Davie, FL

28 City & State

28 City & State

24 Zip

24 33325

25 Country

29 Zip

29 33325

30 Country

30 Country

9. Name and Address of Current Registered Agent

HART, GERALD ALDE  
555 SW 130TH AVENUE  
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE V

12.2 NAME HART, GERALD ALDE  
12.3 STREET ADDRESS 555 SW 130TH AVE  
12.4 CITY-ST-ZIP DAVIE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE P

13.2 NAME

13.3 STREET ADDRESS

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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

954/473-2501

Date

Daytime Phone #

CR2E034 (9/96)