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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J49075 WESTERN HILLS ESTATES, INC.

(1)

FILED Apr 03 1998 8:00am Secretary of State

						_{			
Principal Place of Business Mailing Address						. 41911 41911	61611 51511 515	10 a)au 1901	
555 SW 130TH AVE % WILLIAM M. HART. N						}			
555 SW 130TH AVE DAVIE FL 33325		555 SW 1301H AVE DAVIE FL 33325	555 SW 130TH AVE			DO NOT WRITE IN THIS SPACE			
US DATE TO SOLE						3. Date Incorporated or Qualified			
						01/01/1987			ĺ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		IA	pplied For
21		26	26			59-2801057 Not Apr			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22 27						Fee Required			
City & State	9	City & State	Dity & State			6. Election Campaign Financing \$5.00 May Be			
23		28	Zip Country			Trust Fund Contribution	_ <u>L</u>		to Fees
Zip 24	Country	Zip		ntry		8. This corporation owes or has pa			itangible □ No
24	9. Name and Address of Currer	29 Agent	<u> [30]</u>			Personal Property Tax due June 10. Name and Address of New Re			NO
LIA	RT, GERALD ALDE	The state of the s		81	Name	10. 110.110 410 11000 51 1100 110	B 10.0.00	A BOIN	
	S SW 130TH AVENUE			82					
					ddress (P.O. Box Number is Not Acceptable)				
DAVIE FL 33325				83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the at	ove	named corp	oration submits this statement for the prior is board of directors. I hereby acception's	urpose c	changing	its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607.0505, F	authorized Iorida Stat	d by utes.	the corporati	ion's board of directors. I hereby accep	ot the app	pointment as	s registered
SIGNATURE									
Ĺ <u> </u>	Signature, typed or publed name of registered ag-			1 Agen	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTO Change	
TITLE	HADT OFDALD ALDE	בַ וונינוני	1.3 Tr					Change	Addition
NAME	HART, GERALD ALDE 555 SW 130TH AVE		1.2 NA						
STREET ADORESS	DAVIE FL				ADDRESS				
CITY-ST-ZIP TITLE	DATICTE	DELETE	1.4 CITY-ST 2.1 TITLE		- ZIP			Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			•	2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-		ľ		.5		
TITLE		DELETE	3.1 TITLE				·- ·-·	Change	Addition
NAME			3.2 NA					_ •	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. C	1TY-S1	T-ZIP				
TITLE		☐ DELETE	4.1 TI	-				Change	Addition
NAME			4.2 N	AME					ļ
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	r- 21P				
TITLE		DELETE	5.1 TI	TLE				Change	Addition
NAME			, 5.2 N	AME	j				
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	1-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$1	REET A	address				
CITY - ST - ZIP			6.4 CI	TY-ST	I-ZIP				

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.

954/473-2501