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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K43641

(5)

22 WEST MANAGEMENT, INC.

FILED								
Mar 17 1997 8:00am								
Secretary of State								

|--|

1		Mailing Address C/O SHIRLEY S. FELTMAN 5661 E. HIGHWAY 98 PANAMA CITY FL 32404-7227			71510	3. Date Incorporated or Qualified 3a. Date of Last Report		
						11/07/1988	03/26/199	,
⊢ ¬	Place of Business	2a. Mailing Address				4. FET Number Applied For		
Suite, Apt	#, etc.	Suite, Apt #, etc.				59-2951229 Not Applicable \$8,75 Additional		
22		27				5. Certificate of Status Desired Fee Required		
City & Sta	ito	City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	Country					Trust Fund Contribution Added to Fees		
24	25	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	gistered Agent	
	ltman, shirley s.			81	Name			
	81 E. HIGHWAY 98		,	82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
PA	NAMA CITY FL 32404		83					
		84 Git		- City	* • · · · · · · · · · · · · · · · · · ·	1051 7	in Code	
				04	City	' · · · · · · · · · · · · · · · · · · ·		ip Code
office or agent. I a SIGNATURE	am familiar with, and accept the oblig	ations of, Section 607.0505, Fl	lorida Statu	ites	i.	poration submits this statement for the tion's board of directors. I hereby acception's many properties of the statement for the tion's board of the statement	DATE	
TITLE	D			Lŧ		ADDITION OF INTEREST OF STATE	Chang	
NAME	FELTMAN, JAMES W.		1.2 NAM	1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS								i
CITY-ST-ZIP	PANAMA CITY FL	T sector	14 CII		T - 7:P			
TITLE NAME			217110		1		∐ Chang	ge 🔛 Addition
STREET ADDRESS	FELTMAN, SHIRLEY S. 5661 E. HIGHWAY 98			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	ALLIANA APPLICA			2. 4 City - St - ZIP				
TITLE			3.1 11] (Į Ę		Change Addit		ge 🔲 Addition
NAME				3.2 NAML				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE	DETETE 41				1 - ZIF		Chang	ne Addition
NAME			4 2 NA		ļ			,
STREET ADDRESS			4.3 STF	ЖH.	ADDRESS			
DITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4.4 CiTY-ST-ZiF				
TITLE			5.1 1/11				∐ Chang	ge Addition
NAME OTDEET ADDRESS			5.2 NAN		anopt ce			
STREET ADDRESS CITY+ST-ZIP				5.3 STREET ADDRESS 5.4 City+St-ZiP				
TITLE	DELETE 6.1					Change Addition		
NAME			6.2 NAM	ME				
STREET ADDRESS			63 STR	RET /	ADDRESS			
CITY-ST-ZIP	eby certify that the information supplie		64011					

The 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 eath; 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.

(904)871-3235