

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Corporation Name WESTGATE COMMERCE II, INC.		(8)	
Principal Place of Business 1540 LATHAM RD W. PALM BEACH FL 33409			
Mailing Address 1540 LATHAM RD W. PALM BEACH FL 33409			
2. Principal Place of Business 21 Suite, Apt. #, etc. 26		2a. Mailing Address 27 Suite, Apt. #, etc. 28	
City & State 23 Zip 24		City & State 29 Zip 30	
Country			
9. Name and Address of Current Registered Agent CATALFUMO, DANIEL S. 1540 LATHAM RD W. PALM BEACH FL 33409			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 restating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATALFUMO, DANIEL S.	1.2 NAME		
STREET ADDRESS	1540 LATHAM RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIS, JEFF	2.2 NAME		
STREET ADDRESS	1540 LATHAM ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERRIS, JEFFREY M.	3.2 NAME		
STREET ADDRESS	1540 LATHAM ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 appointed 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)

4/27/95 (407) 471-0338
Date
Bayfront Plaza B