

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

FILED

May 19 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 # K92183 (8)

1. Corporation Name
WESTGATE COMMERCE II, INC.

Principal Place of Business
1540 LATHAM RD
W. PALM BEACH FL 33409

Mailing Address
1540 LATHAM RD
W. PALM BEACH FL 33409-5113



3. Date Incorporated or Qualified 05/30/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 4300 CatalFumo Way
Suite, Apt. #, etc.

2a. Mailing Address
26 4300 CatalFumo Way
Suite, Apt. #, etc.

4. FEI Number 65-1068405 605-0162465
Applied For Not Applicable

22 City & State
23 Palm Beach Gardens, FL

27 City & State
28 Palm Beach Gardens, FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

24 33410 25 U.S.A. 29 33410 30 U.S.A.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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
Palm Beach Gardens FL 33410

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CATALFUMO, DANIEL S.	
STREET ADDRESS	1540 LATHAM RD	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LIS, JEFF	
STREET ADDRESS	1540 LATHAM ROAD	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRIS, JEFFREY	
STREET ADDRESS	1540 LATHAM ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4300 CatalFumo Way
1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4300 CatalFumo Way
2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: _____ Daniel S. CatalFumo 4/23/97 694-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)