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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90134 019 ***150.00

DOCUMENT # L33101

WESTCLIFFE CORP.

NATURE:

Principal Place of Business Mailing Address 3779 TOULOUSE DR 3770 TOULOUSE DR										
3779 TOULOUSE DR PALM BEACH GARDENS FL 33410 JS 3779 TOULOUSE DR PALM BEACH GARDENS US)			• .			
		US					DO NOT	WRITE IN	THIS SPACE	
							rporated or Qua	lifed		
?. Principal ⊐	Place of Business	2a. Mailing Address				12/01/1		_		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			13-3347	<u>′842</u>			Not Applicat	
		27				5. Certifcate	of Status Desire	ed 🗀	\$8.7	5 Additional
City & St	ate	City & State				 		_	Fee	Required
i		28				6. Election C	ampaign Financ	ing □	\$5.0	00 May Be
ΖΙ ρ]	Country	Zip	Cou	untry			Contribution	_	Add	ed to Fees
L	25	29	30	•		8. Inis corpoi	ration owes the	current yea		
	9. Name and Address of Curren	t Registered Agent		$\overline{}$		10. Name and	roperty Tax.		☐ Yes	MNo
GR	EENE, DONALD J			81 N	lame	TO. Marile aria	Address of No	ew Registe	red Agent	
377	9 TOULOUSE DR			00 0	 					
	M BEACH GARDENS FL 33410		İ	82 5	Street Addres	ss (P.O. Box Nur	nber is Not Acc	eptable)		
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				84 C	ity				- 85 Zi	p Code
Pursuant office or a agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statut f Florida. Such change was a	tes, the ab authorized	ove-na	med corpora	ation submits this	statement for	the purpose		
	, and accept the obligation	ons of, Section 607.0505, Fig	orida Statu	tes.			ors. Thereby ac	cept the ap	pointment as	registered
JIVALURE									•	
	Signature, typed or printed name of registered agent.	and title if applicable			_					
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE		Agent sign	ature required w			DATE		
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