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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L87327

(7)

FILED May 07 1998 8:00am Secretary of State

OUT WEST ENTERPRISES, INC.	
Principal Place of Business Mailing Address	ialian tanat anna ganat dhùtt manga ganat ganat dhoir anna ann
1010 SW 134TH AVE	OT WRITE IN THIS SPACE
3. Date Incorporated or C	
07/12/1990	
2. Principal Place of Business 2a, Mailing Address 4. FEI Number	Applied For
21 26 65-0216059	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Certificate of Status De	esired S8.75 Additional Fee Required
22] 27 City & State City & State & Flection Campaign Fin	
City & State City & State 6. Election Campaign Fin Trust Fund Contribution	·
	or has paid the current year Intangible
24 25 29 30 Personal Property Tax	· — · — ·
9. Name and Address of Current Registered Agent 10. Name and Address of	f New Registered Agent
DAVIS, GEORGE F. 81 Name	
1010 SW 134TH AVE 82 Street Address (P.O. Box Number is Not	Acceptable)
DAVIE FL 33325	
83	
84 City	85 Zip Code
14 Businest to the provisions of Sections 607.06/2 and 607.1508 Florida Statutes, the above parred corporation submits this statemen	FL 69 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statemen office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I here agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	eby accept the appointment as registered
	i
SIGNATURE Signature, typoid or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME DAVIS, GEORGE F. 12 NAME	
STREET ADDRESS 1010 SW 134TH AVE 1.3 STREET ADDRESS	į,
CITY-SI-ZIP DAVIE FL 1.4 CITY-ST-ZIP	Channe Addition
TITLE D DELETE 2.1 TITLE NAME DAVIS, KATHLEEN D. 22 NAME	L] Change L.] Addition C
A A A A A A A A A A A A A A A A A A A	
DAIST TI	
CITY-S1-ZIP UAVIE FL 2.4 CITY-S1-ZIP TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TIFLE DELETE 4.1 TITLE	☐ Change ☐ Addition
MANIE 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
	Change Addition
	L Change L Addrion
MAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
6.4.CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Significant on this approach as supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Significant on this approach as supplied approach is true and accurate and that my significant call have the same legal of	Statules. 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 a 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.