

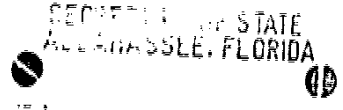
**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State Division of CORPORATIONS
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**DOCUMENT # M42896 (4)**  
1. Corporate Name  
**WESTWOOD ESTATES (FLORIDA), INC.**

Principal Place of Business	Mailing Address
10401 WILSHIRE BLVD. LOS ANGELES CA 90024	10401 WILSHIRE BLVD. LOS ANGELES CA 90024

**APPROVED AND FILED**  
JUL 21 AM 11:20



(DO NOT WRITE IN THIS SPACE)

2. Fiscal Year End Date	26. Mailing Address	3. Date of Incorporation or Qualification	3a. Date of Last Report
21	26	12/09/1986	09/10/1994
4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing (Total Fund Contributor)	8. The corporation has liability for intangible tax under s. 199.17(2), Florida Statutes
59-2744120	<input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. State and # of City & State	27. State, Apt # and City & State	28. City & State	29. City & State
22	27	28	29
23	24	25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRUBER, PETER G., P.A. 800 BRICKELL AVENUE PENTHOUSE MIAMI FL 33131		B1 Name	B5 Zip Code
		B2 Street Address, P.O. Box Number is Not Acceptable	FL
		B3	
		B4 City	

11. Pursuant to the provisions of sections 607.0501 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP KRIZ, FRED 10401 WILSHIRE BLVD. LOS ANGELES CA	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KRIZ, DONNA ANN 10401 WILSHIRE BLVD. LOS ANGELES CA	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CUNANAN, ARNOLD A. 10401 WILSHIRE BLVD. LOS ANGELES CA	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000001545350  
-07/25/95--01064--010  
\*\*\*\*225.00 \*\*\*\*225.00

T.S. 7/11/95

14. I hereby certify that the information submitted with this filing is substantially true and correct, for the exemption stated in Section 199.17(2), Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am aware of my duty for the responsibility of the director or officer empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 of this filing report or on an alternate filing address.

**SIGNATURE:** \_\_\_\_\_  
HIGHLY RECOMMENDED BY PRIVATE NAME OF BILLING OFFICER OR DIRECTOR  
**ARNOLD A. CUNANAN**

7/11/95 310 474 6997

CR2E034 (3/95)