

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
97 APR 25 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M42896 (4)**  
1. Corporation Name  
**WESTWOOD ESTATES (FLORIDA), INC.**



Principal Place of Business Mailing Address  
**10401 WILSHIRE BLVD. LOS ANGELES CA 90024** **10401 WILSHIRE BLVD. LOS ANGELES CA 90024-4809**

3. Date Incorporated or Qualified **12/09/1986** 3a. Date of Last Report **04/23/1996**  
4. FEI Number **59-2744120** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**GRUBER, PETER G., P.A.**  
**800 BRICKELL AVENUE**  
**PENTHOUSE**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name **Michael B. Denberg, Esq.**  
82 Street Address (P.O. Box Number Is Not Acceptable) **2875 NE 191 Street, Suite 500**  
83  
84 City **Aventura** 85 Zip Code **FL 33180**

11. Pursuant to the provisions of Sections 607.0509 and 607.1503, 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]* DATE: **4-24-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>KRIZ, FRED</b>	
STREET ADDRESS	<b>10401 WILSHIRE BLVD.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KRIZ, DONNA ANN</b>	
STREET ADDRESS	<b>10401 WILSHIRE BLVD.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>CUNANAN, ARNOLD A.</b>	
STREET ADDRESS	<b>10401 WILSHIRE BLVD.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>MWB</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>400002158874-01</b>
2.3 STREET ADDRESS	<b>-04/29/97--01077--009</b>
2.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
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: *[Signature]* DATE: **4.23.97** 3/10 474 6497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)