

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90011 011 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address  
~~1401 WILSHIRE BLVD.~~ ~~10401 WILSHIRE BLVD.~~  
~~LOS ANGELES CA 90024~~ ~~LOS ANGELES CA 90024~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/09/1986</b>	
4. FEI Number <b>59-2744120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business <b>6770 INDIAN CREEK DRIVE</b> Suite, Apt. #, etc. <b>PH-G</b> City & State <b>MIAMI BEACH, FL. 33141</b> Zip <b>33141</b>	2a. Mailing Address <b>6770 INDIAN CREEK DR.</b> Suite, Apt. #, etc. <b>PH-G</b> City & State <b>MIAMI BEACH, FL.</b> Zip <b>33141</b>	25 <b>MIAMI-DADE</b>	29 <b>MIAMI-DADE</b>	30 <b>MIAMI-DADE</b>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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**DENBERG, MICHAEL B ESQ**  
 2875 NE 191 ST., STE 500  
 AVENTURA FL 33180

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E IE REET ADDRESS :ST-ZIP	DP KRIZ, FRED <del>6700 INDIAN CREEK DR</del> MIAMI BEACH FL 33141 <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE REET ADDRESS :ST-ZIP	D KRIZ, DONNA ANN <del>6700 INDIAN CREEK DR</del> MIAMI BEACH FL 33141 <input type="checkbox"/> DELETE	1.2 NAME	1.3 STREET ADDRESS <b>6770 INDIAN CREEK DRIVE, PH-G</b>
E IE REET ADDRESS :ST-ZIP	VP CUNANAN, ARNOLD A. <del>6700 INDIAN CREEK DR</del> MIAMI BEACH FL 33141 <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE REET ADDRESS :ST-ZIP		2.2 NAME	2.3 STREET ADDRESS <b>6770 INDIAN CREEK DRIVE, PH-G</b>
E IE REET ADDRESS :ST-ZIP		2.4 CITY-ST-ZIP	
E IE REET ADDRESS :ST-ZIP		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE REET ADDRESS :ST-ZIP		3.2 NAME	3.3 STREET ADDRESS <b>6770 INDIAN CREEK DRIVE, PH-G</b>
E IE REET ADDRESS :ST-ZIP		3.4 CITY-ST-ZIP	
E IE REET ADDRESS :ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE REET ADDRESS :ST-ZIP		4.2 NAME	
E IE REET ADDRESS :ST-ZIP		4.3 STREET ADDRESS	
E IE REET ADDRESS :ST-ZIP		4.4 CITY-ST-ZIP	
E IE REET ADDRESS :ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE REET ADDRESS :ST-ZIP		5.2 NAME	
E IE REET ADDRESS :ST-ZIP		5.3 STREET ADDRESS	
E IE REET ADDRESS :ST-ZIP		5.4 CITY-ST-ZIP	
E IE REET ADDRESS :ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
E IE REET ADDRESS :ST-ZIP		6.2 NAME	
E IE REET ADDRESS :ST-ZIP		6.3 STREET ADDRESS	
E IE REET ADDRESS :ST-ZIP		6.4 CITY-ST-ZIP	

I 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 REQUIRED**

CR2E034 (5/99)