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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M72217 1. Corporation Name

1. Corporation N WESTMOF	RELAND AIR CONDITION	ING & HEATING, INC					
Principal Place of	of Business	. Mailing Address					
5827 R		5827 RIDDLE RD	27 RIDDLE RD		·		
HOLIDAY FL 3469	90	HOLIDAY FL 34690			DO NOT WRITE IN	THIS SPACE	
	÷				3. Date Incorporated or Qualifed		•
	•	• •		<u>.</u>	03/07/1988	- TAD	plied For
2 Dringing Pla	ce of Business	2a. Mailing Address		 -	4. FEI Number		t Applicable
2. Principal Place of Business		26	26		59-2877934	\$8.75	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
22	·	27			6. Election Campaign Financing	\$5.00	May Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added	
23	- A	28	Countr	`	8. This corporation owes the current y	ear Intangible	_
Zip	Country	Zip	30	,	Personal Property Tax.	Yes	□No
24	25	[EQ]	1		10. Name and Address of New Regi	stered Agent	
	9. Name and Address of Curr	eur vadiareran väeur	8	1 Name			
MES.	THORE AND DENNIS BORFE	RT .	8:	2 Street Add	iress (P.O. Box Number is Not Acceptable)		
WE 5827	RIDDLE RD	SING & MEARLED WIT	٥٠	2 Silber Add	11 COS (1 1 COS)	a sent sent are sent	\$1500 (alest 1841)
	DAY FL 34690		8	3			
1100	DAT 1 E O 1000		\	4 07	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	85 Zip	Code
				4 City		<u> </u>	
			1				
<u> </u>	0 5007/	0502 and 6074503 Florida Statute	s, the abo	ve-named cor	poration submits this statement for the pur	pose of changing it e appointment as re	egistered
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1505 Florida Statuto ate of Florida Such thange was au	s, the about	ove-named cor	rporation submits this statement for the pur floris board of directors. I hereby accept the	pose of changing it ie appointment as r	egistered
11. Pursuant office or n agent, I a	to the provisions of Sections 607.0 egistered agent, or both in the Start of familiar with, and accept the ab	0502 and 607.1500. Florida Statuto ate of Florida. Such change was an ligations of Section 607.0505. Flori	the about	ove-named corporates.	rporation submits this statement for the pur flows board of directors. I hereby accept the	pose of changing it is appointment as r	egistered
· -	\ \ \	1	s, the about thorized to ida Statute	ove-named cor by the corporates.	rporation submits this statement for the pur tion's board of directors. I hereby accept the	DATE	
SIGNATURE	Stonature, broad or printed name of registered	agent and title if applicable. (NOTE:	s, the about horized to ida Statute Registered A	ove-named cor by the corporates.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE-	Signature, typed or printed name of registered OFFICERS	1	Registered A	gent signature requi	to the state of th	DATE	ORS IN 12
SIGNATURE- 12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered A	gent signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM	gent signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature raquii	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL	agent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature require E IE EET ADDRESS (-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST	egent and title if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT	gent signature require E IE EET ADORESS (-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE- 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY	egent and title if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAM	gent signature require E IE EET ADORESS (-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE- 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD	egent and title if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STF	gent signature require E IE EET ADORESS (-ST-ZIP E	ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12
SIGNATURE- 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL	egent and title if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAW 2.3 STF	gent signature require E IE EET ADDRESS (-ST-ZIP E IE I	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL	egent and utte if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE L.	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STF 2.4 CITM 2.4 CITM 2.4 CITM 2.5 CITM 2.7 NAM 2.7 STF	gent signature requirements E BE BET ADDRESS (-ST-ZIP BE BEET ADDRESS IY-ST-ZIP LE	ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D	gent and title if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE L.	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM	gent signature requirements E BE BET ADDRESS (-ST-ZIP BE BEET ADDRESS IY-ST-ZIP LE	ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT	egent and utle if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE L.	Registered Ai 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITV 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAW 3.3 STT 3.4 CITV 3.4 CITV 3.4 CITV 3.7 NAW 3.4 CITV 3.4 CITV 3.7 NAW 3.3 STT 3.4 CITV 3.4 CITV 3.7 NAW 3.3 STT 3.4 CITV 3.7 NAW 3.3 STT 3.4 CITV 3.4 CITV 3.7 NAW 3.3 STT 3.4 CITV 3.4 CITV 3.7 NAW 3.3 STT 3.4 CITV 3.7 NAW 3.7	gent signature requii E BET ADDRESS (-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS TY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL UST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL	egent and utte if applicable. (NOTE: AND DIRECTORS DELETE R. DELETE L.	13. 1.1 TITL 1.2 NAW 1.3 STR 2.1 TITL 2.2 NAW 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAW 3.3 STT 3.4 CIT 4.1 TITT 4.4 TIT	gent signature required to the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE NAME TITLE	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL	Regent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAM 3.3 STI 3.4 CIT 4.1 TIT 4.2 NW	gent signature required to the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N	Regent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered A/ 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STF 2.4 CITI 3.1 TITT 3.2 NAW 3.3 STT 3.4 CIT 4.1 TIT 4.2 NAW 4.3 ST	gent signature required in the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N 5827 RIDDLE RD	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAV 3.3 STI 3.4 CIT 4.2 NV 4.3 ST 4.4 CIT 4.4 CIT 4.2 NV 4.3 ST 4.4 CIT 4.4	gent signature required in the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A/ 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NA/ 3.3 STI 3.4 CIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.	gent signature required in the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N 5827 RIDDLE RD	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A/A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NA/ 3.3 STI 3.4 CIT 4.1 TIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.2 NV	gent signature requii E EET ADDRESS (-ST-ZIP .E ME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE RAME REET ADDRESS TY-ST-ZIP LE RAME REET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of registered OFFICERS P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N 5827 RIDDLE RD HOLIDAY FL	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A/A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAW 3.3 STT 4.4 CIT 4.1 TIT 4.2 NAW 4.3 ST 4.4 CIT 5.1 TIT 5.2 NAW 5.3 ST	gent signature required in the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N 5827 RIDDLE RD HOLIDAY FL	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A/A 13. 1.1 TITL 1.2 NAW 1.3 STR 2.1 TITL 22 NAM 2.3 STF 2.4 CIT 3.1 TITT 32 NAV 3.3 STT 4.4 CIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.2 NV 5.3 ST 5.4 CI 5.4 CIT 5.5 TIT 5.5 ST 5.5 ST 5.4 CIT 5.5 TIT 5.5 ST 5.5 S	gent signature required in the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change	ORS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N 5827 RIDDLE RD HOLIDAY FL	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A/A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAW 3.3 STT 4.4 CIT 4.1 TIT 4.2 NAW 4.3 ST 4.4 CIT 5.1 TIT 5.2 NAW 5.3 ST 5.4 CIT 6.1 TIT 5.4 CIT 6.1 TIT 5.5 TIT 5.5 TIT 5.5 TIT 5.6 TIT 5.7 TIT	gent signature required in the signature requirement of the signature requirement in the signature	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL MIGHT, BILLY D 10441 BOBCAT NEW PORT RICHEY FL V WESTMORELAND, LUKE N 5827 RIDDLE RD HOLIDAY FL	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAW 3.3 STT 4.4 CIT 5.1 TITT 5.2 NAW 5.3 ST 5.4 CIT 5.1 TITT 5.2 NAW 5.3 ST 5.4 CIT 6.1 TIT 6.2 NAW 6.2 TIT	gent signature required in the signature req	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTMORELAND, DENNIS 5827 RIDDLE RD HOLIDAY FL DST WESTMORELAND, CATHY 5827 RIDDLE RD HOLIDAY FL M WRIGHT, BILLY D WRIGHT, BILLY D WESTMORELAND, LUKE N 5827 RIDDLE RD HOLIDAY FL WESTMORELAND, LUKE N 5827 RIDDLE RD HOLIDAY FL	Gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 2.1 TITL 2.2 NAA 2.3 STF 2.4 CITT 3.2 NAI 3.3 STI 3.4 CITT 4.2 NV 4.3 ST 4.4 CITT 5.1 TITL 5.1 TITL 5.1 TITL 6.3 ST 6.1 TITL 6.3 ST	gent signature required in the signature requirement of the signature requirement in the signature	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	☐ Change ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition Addition Addition

14. 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 frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report or supplemental annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicate an indicate and the same legal effect as if made under oath; that I am an indicate an indicat

SIGNATURE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90033 049 ***150.00