


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90005 043 \*\*\*211.50

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000002045**

1. Corporation Name  
**WESTERN JUDICIAL SERVICES, INC.**

<b>Principal Place of Business</b> 9319 N.W. 14TH PLACE GAINESVILLE FL 32606	<b>Mailing Address</b> 9319 N.W. 14TH PLACE GAINESVILLE FL 32606
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/10/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3443592
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

<b>9. Name and Address of Current Registered Agent</b>  <b>RUDLOFF, LOIS</b> <b>1420 LEE AVENUE</b> <b>TALLAHASSEE FL 32303</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.05(2) and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIKAN, WILLIAM V	1.2 NAME	MILLIKEN, WILLIAM V.
STREET ADDRESS	9319 NW 14TH PLACE	1.3 STREET ADDRESS	9319 NW. 14TH PLACE
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDLOFF, LOIS	2.2 NAME	MERCURY KAVOUKLIS
STREET ADDRESS	1420 LEE AVE	2.3 STREET ADDRESS	22580 HIGHWAY 441 NORTH
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ERIKA	3.2 NAME	
STREET ADDRESS	4003 S WESTSHORE DR, #5015	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplement: 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lois Rudloff **REQUIRED** Lois Rudloff 4-14-99 850-224-0392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)