

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90010 035 ***150.00

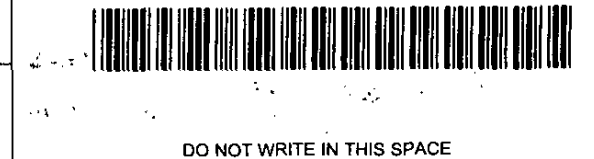
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13710

1. Corporation Name
MARIO OLIVE DIVISION OF WESTIN, INC.

Principal Place of Business 11808 WEST CENTER ST OMAHA NE 68144 US	Mailing Address 11808 WEST CENTER ST OMAHA NE 68144 US
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/20/1987	Applied For
4. FEI Number 47-0615732	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTIN, R.S.	1.2 NAME	
STREET ADDRESS	9755 FREDERICK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTIN, DIANE M.	2.2 NAME	
STREET ADDRESS	9755 FREDERICK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ELAINE	3.2 NAME	
STREET ADDRESS	8862 IZARD CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EENHUIS, LORETTA	4.2 NAME	
STREET ADDRESS	2518 S. 46TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTIN-BEHMER, KRISTIN	5.2 NAME	
STREET ADDRESS	1440 MILLVIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BATAVIA IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTIN-HOGAN, KARIN	6.2 NAME	
STREET ADDRESS	16018 LAKE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

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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 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, with all other like empowered.

(402) 691-8800

SIGNATURE: *Loretta Eenhuis* Loretta Eenhuis

March 12, 1999
Date Daytime Phone #

CR2E034 (1/198)