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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200008713 (9)

WESTBOURNE, INC.

FILED Mar 26 1997 8:00am Secretary of State



Principal Place of Business 189 LINCOLN RD. SUITE 320 MIAMI BEACH FL 33139		Mailing Address 169 LINCOLN RD. SUITE 320 MIAMI BEACH FL 33139-2020		3. Date Incorporated or Qualified 11/30/1992 3a. Date of Last Report 02/02/1996			
2. Principal	Place of Business	2a. Mailing Address	1717-212-2		4. FEI Number	05/05/ 18:	Applied For
21		26			65-0376194		Not Applicable
Suite, Ap	ot.#,etc	Suite, Apt. #, etc.			6, Certificate of Status Desired		75 Additional se Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zιρ	Cou	ıntry	8. This corporation has liability for in		der s. 199.032,
24	25	29	30			Yes No	····
· · · · · · · · · · · · · · · · · · ·	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
	IZAR, BRUCË E			81 Name			
	111 LINCOLN RD.			82 Street Add	Iress (P.O. Box Number is Not Acceptable	6)	·
	SUITE 500			2901	201 Collins Avenue - Suite M		
MI	IAMI BEACH FL 33139			83			
				84 City		lec l	Zip Code
					i Beach		33140
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the a	bove-named corp	poration submits this statement for the pu	irpose of chang	ing its registered
office of agent. I	ir registered agent, or both, in the Stat I am familiar with, and accept the obli	e of Florida. Such change w gations of, Section 607.0505	vas authorize 5. Florida Sta	o by the corpora tutes.	ation's board of directors. I hereby accept	t the appointmen	nt as registered
SIGNATURE							
SIGNACIONE	Signature typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agen! signature requ	ired when reinstaling)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS IN 12
TITLE	P	DELETE	1.1 T	ITLE		☐ Cha	ange 🔲 Addition
NAME	COONEY, JOHN W		1.2 N	AME.			
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14. Ido 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 the 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 if the corporation or the potential empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Blyck 18 if changed, or or an attachment with an address.

SIGNATURE

305 538-2333