

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90174 011 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000056296

1. Corporation Name  
WESTFALIA REALTY, INC.



Principal Place of Business

13925 58 ST N  
CLEARWATER FL 33760  
US

Mailing Address

13925 58 ST N  
CLEARWATER FL 33760  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3195434

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOHLWEND, BETH  
13925 58 ST N  
CLEARWATER FL 33760

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *Beth Wohlwend*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RADTKE, H H  
STREET ADDRESS 13925 58 ST N  
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE CEO  
NAME RADTKE, H H  
STREET ADDRESS 13925 58 ST N  
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE S  
NAME O'KEEFE, MICHAEL  
STREET ADDRESS 13925 58 ST N  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ DELETE

TITLE T  
NAME WOHLWEND, BETH  
STREET ADDRESS 13925 58 ST N  
CITY-ST-ZIP CLEARWATER FL 33760 ☐ DELETE

TITLE AS  
NAME HUMPHRIES, BOB J  
STREET ADDRESS 501 E. KENNEDY, STE 1700  
CITY-ST-ZIP TAMPA FL 33601 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Beth Wohlwend* BETH WOHLWEND

4/30/99 727 524 4833  
Date Daytime Phone #

CR2E034 (11/98)