FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#

P93000060285 (2)

44 WEST, INC.

Principal Place of Business	Mailing Address	
1100 W MAIN ST INVERNESS FL 34450	1100 W MAIN ST Inverness FL 34450	

Principal Place of Business Mailing Address			I fillitati tif ititat titu datti saut anun anun saut saut saut saut					
Principal Place of Business, 1100 W MAIN ST		1100 W MAIN ST	-					
1100 W MAI INVERNESS		INVERNESS FL 34450						
US		US	U\$		 Date incorporated or Qualified 08/25/1993 	3a. Date of Last Report 02/23/1995		
Principal Pr	lace of Business	2a. Mailing Address			4. FEI Number 59-3210529		Applied For Not Applicab	
Suite, Apt.	#, etc.	Suite Apt. #, etc			Certificate of Status Desired		8.75 Additional Fee Required	
City & Stat		City 8 State			6. Election Campaign Financing		\$5.00 May Be	
		28]			Trust Fund Contribution 8. This corporation has liability for		Added to Fees	
Zip	Country 25	Zip 29	Gountry 30		Florida Statutes 💢 Yes	□ No		
	9. Name and Address of Current	1 1			10. Name and Address of New F	egistered Age	ent	
			81	Name				
	, ERVIN E		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ile)		
	N MAIN ST NESS FL 34452		83					
			84	City		FL	85 Zip Code	
	I to the provisions of Sections 607.0502 ered agent, or both, in the State of Floric with, and accept the obligations of. Secti			<u></u>			ing its registered o	
2.	OFFICERS AND		13.	T	ADDITIONS/CHANGES TO OFF		Change Addition	
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Mε	DAVIS, ERVIN E		1.2 NAME	1 ADDRESS				
REET ADDRESS	1100 W MAIN ST INVERNESS FL		1.3 STNC					
Y-ST-ZIP LE	PD	[] DELETE	2 1 Title				Change 🔲 Additi	
ME	WELCH, RICHARD K		2.2 NAME					
REET ADORES:			2.3 STRES 2.4 CITY	1 ADDRESS				
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ME	MCKETTRICK, LORI		3.2 NAME					
REET ADDRES				ET ADDRESS				
TY-ST-ZIP	INVERNESS FL	DELETE	3.4 CI 17 I				Change Addit	
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CITY - ST - ZIP		P. S. C. and in confusion to the fe	64 CITY	nos not auafh	v for the exemption stated in Section 11	19.07(3)(k), Flori	da Statutes. I furthi	

14. I do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

352 637 6200