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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90148 035 ***150.00

DOCUMENT # P93000060285

1. Corporation Name
44 WEST, INC.

Principal Place of Business
1100 W MAIN ST
INVERNESS FL 34450
US

Mailing Address
1100 W MAIN ST
INVERNESS FL 34450
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **08/25/1993**
1	26	4. FEI Number **59-3210529** — Applied For / Not Applicable
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 3	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 25	Zip / Country 29 / 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, ERVIN E
1100 W MAIN ST
INVERNESS FL 34452

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

i. 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	STD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
ME	DAVIS, ERVIN E		1.2 NAME		
REET ADDRESS	1100 W MAIN ST		1.3 STREET ADDRESS		
Y-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP		
E	PD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
ME	WELCH, RICHARD K		2.2 NAME		
REET ADDRESS	1120 W MAIN ST		2.3 STREET ADDRESS		
/-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP		
LE	VPD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
E	MCKETTRICK, LORI		3.2 NAME		
EET ADDRESS	1120 W MAIN ST		3.3 STREET ADDRESS		
-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP		
		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
			4.2 NAME		
ET ADDRESS			4.3 STREET ADDRESS		
-ST-ZIP			4.4 CITY-ST-ZIP		
		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
			5.2 NAME		
FT ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
			6.2 NAME		
ET ADDRESS			6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: _____ S/T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-10-99

Daytime Phone # 352 637 6200