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 # P93000060668

1. Corporation Name
West Dixie Enterprises Inc

Principal Place of Business	Mailing Address
3422 NE 2nd Ave Oakland Park FL. 33334	3422 N.E 2nd Ave Oakland Park FL 33334

2. Principal Place of Business	2a. Mailing Address
21 3422 NE 2nd Avenue	26 3422 NE 2nd Avenue
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Oakland Park FL	28 City & State: Oakland Park
24 Zip: 33334 25 Country: Broward	29 Zip: 33334 30 Country: Broward

3. Date Incorporated or Qualified: August 30 93
3a. Date of Last Report: Oct 23-1995
4. FEI Number: 65 04 34 768 (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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CAROLE ANN PAOLICELLI
3422 - NE 2nd Ave
Oakland Park FL. 33334

10. Name and Address of New Registered Agent
81 Name: Carole Ann Paolicelli
82 Street Address (P.O. Box Number is Not Acceptable): 3422 NE 2nd Ave
83 &
84 City: Oakland Park FL 85 Zip Code: 33334

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: Carole Ann Paolicelli (Note: Registered Agent's signature required when name is changed.)
Signature, typed or printed name of Registered Agent and date due.
DATE: July 5-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President CAROLE ANN PAOLICELLI 3422 N.E 2nd Ave Oakland Park FL 33334	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President / Secty / Treas Carole Ann Paolicelli 3422 NE 2nd Ave Oakland Park FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by this amendment with the address.

SIGNATURE: Carole Ann Paolicelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5-96 305 561 8825
Date / Daytime Phone #