FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088832 (9)**

1. Corporation Name
WESTFIELD DEVELOPMENT CORPORATION

900001486503
-05/12/95--01121--006
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
107 DUNBAR AVENUE, SUITE I OLDSMAR FL 34677	107 DUNBAR AVENUE, SUITE I OLDSMAR FL 34677

3. Date Incorporated or Qualified: **12/30/1993**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **59-3219167** ☐ 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

GOLDSTEIN, BRUCE S
500 E. KENNEDY BLVD.
SUITE 200
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: ANDREW J. BERGER
82 Street Address (P.O. Box Number is Not Acceptable): 107 DUNBAR AVE, STE I
83
84 City: OLDSMAR FL 85 Zip Code: 34677

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: _____ ANDREW J BERGER V.P. DATE: 5/10/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GATEWOOD, ROGER B. 107 DUNBAR AVE, SUITE I OLDSMAR FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~GATEWOOD, LAURA~~ ~~107 DUNBAR AVE, SUITE I.~~ ~~OLDSMAR FL~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ~~LENTZ, JAMES E.~~ ~~9500 0 1ST NATIONAL PLAZA~~ ~~CHICAGO IL~~	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	AS/T JAMES J. FURLONG 107 DUNBAR AVE STE I OLDSMAR FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~TURK, RICHARD H.~~ 107 DUNBAR AVE, SUITE I OLDSMAR FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V MARK MESSERLY	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TURAIN, GREG 107 DUNBAR AVE, SUITE I OLDSMAR FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERGER, ANDREW 107 DUNBAR AVE, SUITE I OLDSMAR FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	V P, S	☒ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: _____ JAMES J FURLONG TREASURER 5/10/95 813-855-3955
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR5A00 CP