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PROFIT **CORPORATION ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # P9300088832 (9)

WESTFIELD DEVELOPMENT CORPORATION

FILED Jun 05 1997 8:00am Secretary of State



107 DUNBAR AVENUE, SUITE I OLDSMAR FL 34677			107 DUNBAR AVENUE, SUITE I OLDSMAR FL 34677-2978				, , , , , , , , , , , , , , , , , , , ,						
							3. Date incorporated or Qualified 12/30/1993	3a. Da			eport		
2. Principal P	lace of Business	2a.	2a, Mailing Address				4. FEI Number	1 00/5	7.77		plied For		
21			26				36-3073399 Not Applic				t Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State	ө	-	City & State				6. Election Campaign Financing		\$!	5.00	May Be		
23			28				Trust Fund Contribution	Added to Fees					
Zip	Country	Z ip		Country			8. This corporation has liability for	ntangible					
24	25	29		30			Florida Statutes Yes No						
	9. Name and Address of Curren	t Regist	tered Agent				10. Name and Address of New Re	gistered A	gent				
SOL	OMÁN, STANFORD R				81	Name			•				
101 EAST KENNEDY BLVD					82	82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1818			30000			0.0007	Table to the second of the neceptar	,	•	ı			
	IPA FL 33602				83								
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	e.				84	City		FL	85	Zip t	J000		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 60 of Floric stions of	07.1508, Florida Statu da. Such change was , Section 607.0505, Fl	tes, the a authorize orida Sta	bove d by tutes	e-named the corp s.	corporation submits this statement for the poration's board of directors. I hereby acceptoration's	urpose of of the appo	chan	ging it	s registored registered		
SIGNATURE			,										
12.	Signature, typed or printed name of registered age OFFICERS AND			E: Registere	d Age	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDE	OTOD	0.141.40		
TITLE	DPT OFFICERS AND	DIREC	DELETE	111	01.5		V S	ERS AND	DIHE CI		Addition		
	GATEWOOD, ROGER B.			- 1			Glenn Mordini		LJU	lange	L.J Mudillon		
NAME				1.2 N			107 Dunbar Ave,	Suite	I				
STREET ADDRESS	107 DUNBAR AVE, SUITE I					ADDRESS							
CITY-ST-ZIP	OLDSMAR FL VAST		VA printe			1 - ZIP	Oldsmar, FL				The address		
TITLE			DELETE	2.1 Ti					∐ CI	lange	Addition Addition		
NAME	FURLONG, JAMES J			2.2 N									
STREET ADDRESS	107-DUNBAR AVE. STET			1		ADDRESS		٠ -					
CITY-ST-ZIP	OLDOMAR FL					ST - 71P							
TITLE	V:		☐ DELETE	3.1 TI		-[L C	iange	Addition		
NAME .	MESSERLY, MARK			3.2 N	AME	Į							
STREET ADDRESS	107 DUNBAR AVE, SUITE I			3.3 S	REET	ADDRESS							
CITY-ST-ZIP	OLDSMAR FL			3.4 0	11Y-5	ST-ZIP							
TITLE	V		☐ DELETE	4.1 TI	TLE				CI	nange	Addition		
NAME	TURAIN, GREG			4.2 N	IAME	Į							
STREET ADDRESS	107 DUNBAR AVE, SUITE I			435	TREET	ADDRESS							
CITY-ST-ZIP	OLDSMAR FL			4.4 CI	ITY-S	T - ZIP							
TITLE	VŠ		☐ DELE1E	5.1 1	TLE				Cr	nange	Addition		
NAME	Berger, andrew			5.2 N	AME								
STREET ADDRESS	107 DUNBAR AVE, SUITE I			5.3 \$1	IREET	ADDRESS							
CITY-ST-ZIP	OLDSMAR FL					T-ZIP	•						
TITLE	AST		DELETE	6.1 TI					□ cr	nange	Addition		
NAME	Darlene Thibode	au		6.2 N		ļ				-			
STREET ADDRESS	107 Dun bar A		Suite T	1		ADDRESS							
CITY_CT_NP	Olors mae El	-,	Д			AUDRESS							
LITTER TO THE													

I do hereby certify that the information supplied with this filling 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 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.