

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 APR -3 PM 3:19

DOCUMENT # P44000003454(3)
1. Corporation Name

The Westcott Group, Inc

REINSTATEMENT

96-97

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

838 NEAPOLITAN WAY
SUITE 314
Naples FL 34103

3. Date Incorporated or Qualified

3a. Date of Last Report

1/5/94

1996

2. Principal Place of Business

2a. Mailing Address

21 838 Neapolitan Way

26 SAME

4. FEI Number

Applied For

65-0459952

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 314

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Naples FL

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34103

25 USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CAROL WESTCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

838 NEAPOLITAN WAY

83

SUITE 314

84

City Naples

FL

85

Zip Code 34103

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

Signature

(NOTE: Registered Agent signature required when reinstating)

3-26-97

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE PRESIDENT
NAME CAROL WESTCOTT
STREET ADDRESS 838 NEAPOLITAN WAY
CITY-ST-ZIP

TITLE SUITE 314
NAME
STREET ADDRESS NAPLES, FL 34103
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL WESTCOTT, PRES.

3/10/97

941-642-8280

CR2E034 (9/96)