**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400004104

1. Corporation Name

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90085 024 \*\*\*158.75

	<u> </u>	WESTMENTS, INC.	Mailing Address							
1471-N.W.		ST.	P.O. BOX 370056							
-MIAMI FL	AMI FL 33169 - 14920 SO. RIVER DRIVE MIAMI FL 33167-0056					DO NOT WRI	TE IN THIS	SPACE		
	1		MINIMIT IE GOTOT GOOD			3. Date incorporated or Qualifed				
	j					01/07/1994				
2. Princi		of Business	2a. Mailing Address			4. FEI Number		_ <del> </del>	plied For	
21 / 4		S. Kiver Give	26 P.O. Box	- 37	0022	65-0474023			t Applicable	
Suite,	! Apt. #, e ! !	etc.	Suite, Apt. #, etc.		·	5. Certificate of Status Desired	<b>×</b>	\$8.75 / Fee Re	Additional quired — —	_
City 8	s State	mi Pl.	City & State	٠.		<ol> <li>Election Campaign Financing Trust Fund Contribution*</li> </ol>		\$5.00 Added t	,	
Zip _	3316	Country 7 25 A & E	<sup>zip</sup> 33137 <sub>3</sub>	Countr	у	This corporation owes the curr     Personal Property Tax.	rent year Inta	angible XI Yes	□No	
-71	<u> </u>	9. Name and Address of Current	23  - 1	<u>-                                    </u>		10. Name and Address of New I	Registered /	Agent		
	Ī			8	Name					
		R, PATRICIA	•	8:	2 Street Add	ress (P.O. Box Number is Not Accept	able)			
	1	SO. RIVER DRIVE		L						
	MIAMI F	FL 33167		8:	3		•			
				84	4 City	<del></del>	FL	85 Zip (	Code	
11 Purs	l suant to th	be provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	ve-named corp	poration submits this statement for the	purpose of	changing its	registered	
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offici	e or reais	stered agent, or both, in the State o	f Florida. Such change was aut	horized b	y the corporation	on's board of directors. I hereby acce	pt the appoir	ilmeni as re	gistered	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA TAYLOR