Apr 29, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kath rine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047789

1. Corporation Name

WILLIAM KENT WESTRROOK, CERTIFIED PUBLIC ACCOUNT

ANT, P.	A.	THE PODE NOO		_			
Principal Place	e of Business	Mailing Address			ונופס זווסף וווסט ווסיון וווטי אין וסקווספן ו	מפטי ווסקו ווקופ וויקט	. 1919 911 1901
7652 ASHLEY PARK CT		7652 ASHLEY PARK CT					
SUITE 301		SUITE 301			- "0 00.0"		
ORLANDO FL 32835		ORLANDO FL 32835		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 06/27/1994		
2. Principal P	Place of Business	2a. Mailing Address	· — — —		4. FEI Number	A	plied For
21		26			59-3252826	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State	te	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	*****	
24	25	29	30		Personal Property Tax.	Yes	I X No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	ered Agent	
WEC	TROOM WILLIAM K			81 Name			
	STBROOK, WILLIAM K		Ì	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	6 WINDSOR HILL DR			762	52 ASHLEY PARK	<u></u>	
WINDERMERE FL 34786			Į	83	re 301		ļ
				84 City	76 307	85 Zip	Code
				(2)	CLANIO	• • 44	- Z C 3 '-
11. Pursuant	to the provisions of Sections 607.0	50: apd 607.1508, Florida Sta	at ites, the at	ove-named corp	oration subm ts this statement for the purpo	se of changing its	registered
office or n	registered agent, or both, in the States familiar with, and accept the obli-	te of Florida. Such change wa gations of, Section 607.0505.	is authorized F <u>orida Ət</u> atü	by the corporation	on's board of directors. I hereby accept the	ap somment as re	-Çilstereu
		V ST	(4-	- 26-99	;
SIGNATURE	Signature, typed or profed name of registered a	gen and vittle if applicable (N	IO E Paistered	Agent signature require			
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	\ D	☐ DELETE	1.1 TIT	LE		Change	Addition
NAME	WESTBROOK, WILLIAM K		1.2 NA	ME			
STREET ADDRESS	2806 WINDSOR HILL DR		13 ST	REET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786		1.4 CII	Y-ST-ZIP		<u></u> -	
TITLE		☐ DELETE	2.1 TIT	LE		Change	Addition
NAME			2.2 NA	ME .			
STREET ADDRI SS			2.3 ST	REET ADDRESS			
CITY-ST-ZIP							
TITLE				TY-ST-ZIP		<u> </u>	
NAME	1	☐ DELETE				Change	Addition
		☐ DELETE		LE		Change	Addition
STREET ADDRESS		☐ DELETE	3.1 TIT	LE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TiT 3.2 NA 3.3 ST	LE ME		☐ Change	
		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4 CI	LE ME REET ADDRESS IY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP			3.1 TIT 3.2 NA 3.3 ST 3.4 CI	LE ME REET ADDRESS IY-ST-ZIP LE			
CITY-ST-ZIP TITLE			3.1 Tit 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	LE ME REET ADDRESS IY-ST-ZIP LE			
CITY-ST-ZIP TITLE NAME			3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST	LE ME REET ADDRESS IY-ST-ZIP LE			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TiT 3.2 NA 3.3 ST 3.4 Ci 4.1 TiT 4.2 NA 4.3 ST 4.4 CiT	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADORE SS CITY-ST-ZIP		☐ DELETE	3.1 TiT 3.2 NA 3.3 ST 3.4 Ci 4.1 TiT 4.2 NA 4.3 ST 4.4 CiT	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORE SS CITY-ST-ZIP TITLE		☐ DELETE	3.1 Titl 3.2 NA 3.3 ST 34 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 Titl 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS		☐ DELETE	3.1 Titl 3.2 NA 3.3 ST 3.4 CTI 4.1 TII 4.2 NA 4.3 ST 4.4 CFI 5.1 TIT 5.2 NA 5.3 ST 5.4 CFI	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP		☐ DELETE	3.1 Titl 3.2 NA 3.3 ST 3.4 CTI 4.1 TII 4.2 NA 4.3 ST 4.4 CFI 5.1 TIT 5.2 NA 5.3 ST 5.4 CFI	ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE		☐ DELETE	3 1 TIT 3 2 NA 3.3 ST 3 4 CI 4 1 TIT 4 2 NA 4.3 ST 4.4 CI 5.1 TIT 5 2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA	ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition

14. I herebild 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 innual 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 faceiver 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 a Tother like empowered.

SIGNATURE:

こKx SIGNATURE AND TYPED OR FRINTED NAME OF BIGNING OFFICEF OR DIRECTOR