FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400052600 (1)
1. Corporation Name

WEST DELRAY ESTATES, INC.								
Principal Place	of Business	Mailing Address				MARE MARRE MAII		// BE IFF BUILTED
4800 NORTH FEDERAL HIGHWAY SUTE A200 BOCA RATON FL 33431		4800 NORTH FEDERAL	4800 NORTH FEDERAL HIGHWAY SUTE A200 BOCA RATON FL 33431		1			
		SUTE A200						
		BOCA RATON FL 334			Date Incorporated or Qualified			
- 6					07/08/1994 4. FEI Number	06	/22/19	
2. Principal Pla	ÇE OF BUSINESS	2a. Mailing Address			65-0517580			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt # etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State			6. Election Campaign Financing			00 Мау Ве
23 Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for			ed to Fees s 199.032.
24	25	29	30			□ No		, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered /	lgent	
A151.454.1A			81 Na	me				
	i, richard RTH Federal Highway		82 Str	eet Addre	ess (P.O. Box Number is Not Acceptat	ole)		
SUTE A2			83					
	NTON FL 33431		84 Cit				85 2	Zip Code
			64 68	у		FL	83 4	
or registere	o the provisions of Sections 607,050 ed agent, or both, in the State of Hor h, and accept the obligations of Sec	ida. Sudi change was authori	ized by the corporate	d corpora on's boar	ation submits this statement for the purid of directors. I hereby accept the app	rpose of cha ointment as	nging its registere	registered office ad agent. I am
SIGNATURE .								
	Signature, typed or product native of expedience ago:	care tro tappisation — — — — — — — — — — — — — — — — — — —	#uth: Registered Agent signs 13.	If also feed their	r which rendering ADDITIONS/CHANGES TO OFF	DATE	DIRECT	ODS IN 19
12.	D OF FIGURE AN	DELETE	1. 1 THE	T	ADDITIONS CLIPINGES TO OFF		Change	
NAME	SIEMENS, RICHARD		1.2 NAME					
STREET ADDRESS	4800 NORTH FEDERAL HIGH	fway, suite a200	1.3 STREET ADDR	ESS				
CITY-ST-ZIF	BOCA RATON FL 33431		1.4 C+TY - ST - Z P				<u> </u>	
TITLE		☐ DELETE	2 1 TITLE			L] Change	Addition
NAME			2 2 NAME					
STREET ADDRESS			2.3 STREET ADDR 2.4 CITY - S1 - ZIP	ĺ				
CITY - ST - ZIP TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME				_	_
STREET ADDRESS			3.3 STREET ADD	RESS				
01TY - S1 - 7:P			3.4 C/TY - ST ZIP					
TUTLE		☐ DELETE	4 1 THILE] Change	Addition
NAME			4.2 NAME	ļ				
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CHTY - ST - ZIP		[] DELETE	4.4 City - ST. ZiF				Change	e 🔲 Addition
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NAME STREET ADDRESS			5.3 STREET ADDR	224				
CITY-ST-ZIP			5.4 City -ST ZiP					
TITLE		[] DELETE	6 1 Tall F			[Change	e 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDR	iess				
CITY - ST - ZIP			6.4 CITY - S1 - 7(9)					
oath; that	y certify that the information supplied the information indicated by this and Lam an officer or director of the cou- i Block 12 or Block 12 if in uniyed by	i with this filing is voluntarily funding port or supplemental and solution or the receiver or trust of your altay noment with an ad-	tee enjpowered to ex	t qualify fi id accura recute the	or the exemption stated in Section 119 ite and that my signature shall have the is report as required by Chapter 607, F	i 07(3)(k), Fic e same legal Iorida Statut	nda Stat effect as es; and f	utes I further ; if made under ;hat my name
SIGNAT	URE: Mult	DEPHINED NAME OF SIGNING OFFI	CER OR DIRECTOR		Crafe:	b	igtoe Phil	ne e ^l