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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF CO. DOCUMENT # P9400054069 (7) LOADS MADROV STATEST OF SOUTH MASON STATE

FILED Apr 24 1998 8:00am Secretary of State

1			HWEST FLORIDA INC.				
Principal Place of Business Mailing Address						-{ I NORTHOET NIG (ONL DUBLI GOTH NORTH OOM PRIEF) ON	IA DIBII ODIIO BIHIO IBAY IBDI
3359 SW 22ND PL CAPE CORAL FL 33904 US			PO BX 924 CAPE CORAL FL 33910 US		DO NOT WRITE IN THIS SPACE		
1						3. Date Incorporated or Qualified	
2. Principal P	Place of Busin	ness	2a. Mailing Address		_	07/19/1994 4. FEI Number	Applied For
21			26			65-0507396	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22			27			5. Certificate of Statos Desired	Fee Required
City & Stat	le		City & State		_	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip	Country		8. This corporation owes or has paid the cu	
24	o Neme	and Address of Curr	29   ent Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
00			on negistered rigoni	81	Name	10, traine and Address of the Hogisterou	- Mout
	10gan, sti 59 s.e. 221			82		ress (P.O. Box Number is Not Acceptable)	
	PE CORAL				- GIREL AGG	ress (r.O. box rumber is not Acceptable)	
				83			
				84	City	FL	85 Zip Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-	named corp	poration submits this statement for the purpose dition's board of directors. I hereby accept the ap	<ul> <li>I l</li> <li>of changing its registered</li> </ul>
office or i agent. I a	registered aç ım familiar wi	jent, or both, in the Sta	ale of Florida. Such change was ligations of, Section 607.0505, F	authorized by	the corporal	tion's board of directors. I hereby accept the ap	pointment as registered
		ing and docopi me out	ngalions of, Section 607.0005, F	iorida Statutes.			
SIGNATURE		·					
		or printed name of registered e	agent and title if applicable (NO	TE Registered Agen			D DIDECTORS IN 12
12.	Signature, typed	or printed name of registered e		TE Registered Agen		ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
	Signature, typod	or printed name of registered a	agent and title if applicable (NO	TE Registered Agen			
12.	D GROGA	or printed name of registered e	agent and title if applicable (NO	TE Registered Agent  13.  1.1 TITLE	t signature requi		
12. TITLE NAME	D GROGAL P.O. BO	OFFICERS A	agent and title if applicable (NO	13. 1.1 TITLE 1.2 NAME	t signature requir		
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14. Thereby 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.

CICNATURE.

Supher Grogen

1/14/98 941.542.7477

CR2E034 (10/97)