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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000054154 (7)

WESTE	ern oil cor	PUHATION				i				
Principal Plac	e of Business		Mailing Address					)  <b>        </b>		
300 S POINTE DR SUITE 1004 MIAMI BEACH FL 33139 US			300 S POINTE DR SUITE 1004 MIAMI BEACH FL 33139 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
00			00				07/21/1994			
2. Principal P	Place of Business		2a, Mailing Address				4, FE! Number		I A	Applied For
21			26				65-0506050			tot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27							Required
City & State			City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip		Country	Zip	Countr	у		8. This corporation owes or has pai	id the curre		
24	25	•	29	30	•		Personal Property Tax due June			No.
	9. Name and	Address of Current	Registered Agent				10. Name and Address of New Reg	gistered Ag	jent	
HA	CKNEY, ROBER	RT C		B1	Name	e				
118	891 US HWY O	NE		82	2 Street	t Addres	ss (P.O. Box Number is Not Acceptable	le)		
NORTH PALM BEACH FL 33408					1					
ŀ				83	3					
				84	City				<b>85</b> Zip	Code
	1. 16.2	-10		100 100 -0	<u> </u>			FL		6
l office or n	regi <b>ste</b> red agent, c	or both, in the State of	l Florida. Such change was	authorized b	y the co	a corpor proration	ration submits this statement for the pl n's board of directors. I hereby accep	urpose of c of the appoir	nanging ntment as	its registered s registered
agent. I a	ım familiar with, a	n <b>d accept the obligati</b>	ions of, Section 607.0505, F	Florida Statule	35.					
SIGNATURE										
SIGNATURE	Signature, based or port	and name of registered enoug	and litto if applicable (NC	OF Registered An	nont signatur	re required	when reinstaling	DATE		
	Signature, typed or prin	OFFICERS AND		OTE Registered Ag	gent signatur	ire required		DATE ERS AND D	DIRECTO	RS IN 12
12.	Signature, typed or prin	OFFICERS AND			gent signatui	ure required	when reinstaling) ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTO Change	RS IN 12
12.	D		DIRECTORS	13.		ure required		ERS AND D		
12. TITLE	D STRASDAS, 400 S POINT	OFFICERS AND VOLDEMAR A TE DR SUITE 2106	DIRECTORS	13. 1.1 TITLE 1.2 NAME				ERS AND D		
12. TITLE NAME	D STRASDAS,	OFFICERS AND VOLDEMAR A TE DR SUITE 2106	DIRECTORS  AELETE	13. 1.1 TITLE 1.2 NAME	T ADDRESS			ERS AND D		
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14. Thereby 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 suppliemental unjust 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 of the receiver if trustee expowered 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 attriction with an iddress.

FILED

Jan 21 1998 8:00am

Secretary of State