

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000054395 (6)

1. Corporation Name

WESTLANE, INC.



Principal Place of Business

Mailing Address

% RICHARD J. ALAN CAHAN, ESQ.  
200 S. BISCAYNE BLVD., #3650  
MIAMI FL 33131

% RICHARD J. ALAN CAHAN, ESQ.  
200 S. BISCAYNE BLVD., #3650  
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0521396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

CAHAN, RICHARD J. A  
200 S. BISCAYNE BLVD.  
3650 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131

81

Name

c/o Becker & Poliakoff

82

Street Address (P.O. Box Number is Not Acceptable)

5201 Blue Lagoon Drive

83

84

City

Miami

FL

85

Zip Code

33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROBERTS, GREGORY  
BAY & VICTORIA AVENUES  
NASSAU, BAHAMAS

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11<sup>th</sup> April, 1996 809-322-1751

CR2E034 (12/95)