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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

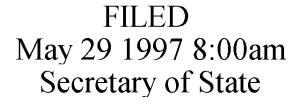
Secretary of State DIVISION OF CORPORATIONS

P94000059346 (4)

WES & ASSOCIATES, INC.

Principal Place of Business

Mailing Address





9408 VIA PALMA CEIA APOPKA FL 32703		9408 VIA PALMA CEIA APOPKA FL 32703-1860								
5:						3. Date Incorporated or Qualified 08/10/1994	3a. Date of Last Report 05/01/1996			
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1 00/01	A	pplied For	
Sulte, Apt. #, etc.		[26]				59-3267594 Not Applicable				
22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Goun'	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statules ☐ Yes ☑ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
' LLEWELLYN, WESLEY					81 Name					
	8 VIA PALMA CEIA DPKA FL 32703		8	2 Str	ect Address	ddress (P.O. Box Number is Not Acceptable)				
₩			E	3			· ·····			
ing.			6	4 Cit	у		FL	5 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized by					ned corporal	tion submits this statement for the p s board of directors. I hereby accep	urnose of ch	L anging i ment as	ts registered registered	
agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florica Statutes.										
SIGNATURE	Signature, lyped or printed name of registered as	gent and little if applicable (NO	TE: Rog stored A	vgent sign	ature required w	hen reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PS	☐ DELETE	1.1 TITL					Change	Addition	
NAME	LLEWELLYN, WESLEY		1.2 NAM	E					1;	
STREET ADDRESS	9408 VIA PALMA CEIA		13 STRE	ei addri	SS				ļ,	
CITY-ST-ZIP	APOPKA FL	☐ DELETE		-ST-ZIP			····	01		
TITLE							L	Change	Addition	
NAME				2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			H '	ET ADDRE '-ST-ZIP	:55					
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NAME		_	3.2 NAM				_	6-		
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NAME			4.2 NAM	1E					ļ	
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NAME			5.2 NAM	ŧ			$\mathcal{A}U$	′	/ 6	
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T briter	5.4 CITY				-HL	/	7 7	
TITLE		☐ DELETE	6.1 Tiff L6			gaaaaaaaa		Change	Addition	
NAME			6.2 NAM			60000220 -06/06/970111	7018			
STREET ADDRESS				ET ADDRE	SS	***165.00	, 010			
CITY-ST-ZIP			6.4 CITY	- ST- ZIP		THE STATE OF THE S				

14. I do hereby 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 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 panged, or on an attachment with an address.