


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 045 ***150.00

0161317

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000065582					
1. Corporation Name WESTMINSTER FINISHING, INC.					
Principal Place of Business 4400 NW 19TH AVE STE D POMPANO BEACH FL 33064 US			Mailing Address 4400 NW 19TH AVE STE D NORTH LAUDERDALE FL 33064 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1994	
21		26		4. FEI Number 65-0566835	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent	
Zip Country		Zip Country		10. Name and Address of New Registered Agent	
24 25		29 30		81 Name	
NOTT, CHRISTOPHER 4400 NW 19TH AVE STE D NORTH LAUDERDALE FL 33064				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE PVT <input type="checkbox"/> DELETE					
1.2 NAME NOTT, CHRISTOPHER					
1.3 STREET ADDRESS 1239 SW 74TH AVE					
1.4 CITY-ST-ZIP NORTH LAUDERDALE FL					
2.1 TITLE S <input type="checkbox"/> DELETE					
2.2 NAME NOTT, ANDREA					
2.3 STREET ADDRESS 1239 SW 74TH AVE					
2.4 CITY-ST-ZIP NORTH LAUDERDALE FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-99

Date

954-969-1200

Daytime Phone #