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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069426 (2)

WESTCOTT ASSOCIATES, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I EBBINABLI IND SOULS BURLI BOINS BONIN BONN SANIO BOINS DOIN DIDEN HIBID BULL IDDI				
903 PINELLAS BAYWAY, UNIT 106 903 PINELLAS BAYWAY, UNIT 1				T 106					
TIERRA VERDE FL 33715			TIERRA VERDE FL 33715			·			
							E IN THIS SPACE		
						<ol> <li>Date Incorporated or Qualified</li> <li>09/21/1994</li> </ol>			
2. Principal Pl	ace of Business	2a, Mailing Ad	ddress			4. FEI Number	<u>_</u>	Applied For	
21		26				59-3268613		Not Applicable	
Suite, Apt. 1	W, etc.	<del>-</del>	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional see Required	
City & State	)		City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28	28			Trust Fund Contribution	A	dded to Fees	
Žιρ	Country	Zip		Country	ı	8. This corporation owes or has p			
24	25	29	30	<u> </u>		Personal Property Tax due Jur		□ No	
	9. Name and Address of Curre	nt Registered Age	nt	81		10. Name and Address of New F	egistered Agent		
AMERILAWYER					Name				
343 ALMERIA AVENUÉ CORAL GABLES FL 33134				82	Street A	et Address (P.O. Box Number is Not Acceptable)			
				_					
				83					
				84	City		FL 85	Zip Code	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508. Fi	orida Statutes.	the above	e-named (	corporation submits this statement for the	purpose of chang	ging its registered	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida Such of gations of, Section 6	nange was auth 07.0505, Florid	norized by la Statute	the corp 3.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointme	ent as registered	
SIGNATURE	Signature, typed or printed name of registered ag		(NOTE: Re	ngistered Age	ent algnature i	required when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	Р	L	DELETE	1.1 TITLE			□ Of	nange 🔲 Addition	
NAME	WESTCOTT, JANE E			1.2 NAME				i	
STREET ADDRESS	903 PINELLAS BAYWAY, UN	IIT 108		1.3 STREET	ADDRESS				
CITY-ST-Z#P	TIERRA VERDE FL		0.5.575	1.4 CITY - S	T-21P		☐ Cr	nange Addition	
TETLE	VPT	L	DELETE	2.1 TITLE				iange L. J. Aucillon	
NAME	WESTCOTT, EDMUND J.	I <del>T</del> 466		2.2 NAME					
STREET ADDRESS	903 PINELLAS BAYWAY, UN	11 106		2.3 STREET	- 1				
CITY-ST-ZIP	TIERRA VERDE FL		DELEVE	2.4 CITY-	ST-ZIP		☐ Cr	nange Addition	
TITLE		L.	DELETE	3.1 TITLE	1			HINGS THE MODITION	
NAME				3.2 NAME			•		
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP			DELETE	3.4. CITY -	S1-ZIP		CI	nange	
TITLE		L-	) NETCIE	4.1 TITLE	}		L. 0		
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP			DELETE	4.4 CITY - 8 5.1 TITLE	51-212	· · · · · · · · · · · · · · · · · · ·	□ ¢	nange	
TITLE		L.,	DECEL	5.2 NAME		<b>£ i.</b> :	5		
NAME					ADDOCCO				
STREET ADDRESS				5.3 STREET		₹,7 ) 1 1			
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE	51 - ZIP			nange	
TITLE		<b>L</b>	DECER		ŀ	·		mile Mile termine	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP				64 CITY-S	ST-ZIP		14	at the Information	

I 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 Informatio 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 with an address.