SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:50

DOCUMENT # **P94000090709 (4)**

1. Corporation Name

J.W. OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2890 ARMADILLO DR PALM HARBOR FL 34683	2890 ARMADILLO DR PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1994**

3a. Date of Last Report:

2. Principal Place of Business
21: 4756 DeMabry N.
Suite, Apt. #, etc.
22: Tampa, Fl
City & State
23: 33614
Zip
24:
County
25: U.S.

2a. Mailing Address
26: 2002 62nd N.
Suite, Apt. #, etc.
27: Clearwater, Fl
City & State
28: 34620
Zip
29:
Country
30: U.S.

4. FEI Number: 65-0558381 ☐ 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 taxable, for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, SCOTT R
100 NE THIRD AVE
SUITE 850
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WAKIM, JOSEPH	12 NAME	
STREET ADDRESS	2890 ARMADILLO DR	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	14 CITY-ST-ZIP	
TITLE	President	21 TITLE	☐ Change ☐ Addition
NAME	Charbel F. Saliba	22 NAME	
STREET ADDRESS	2002 62st N.	23 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34620	24 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	31 TITLE	☐ Change ☐ Addition
NAME	Angelique L. Wakim-Saliba	32 NAME	
STREET ADDRESS	2002 62st N.	33 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 34620	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: Angelique L. W-Saliba 6-14-95 (813)877-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
0(813)536-0777

0118745 CP