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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000038331 (1) **DOCUMENT #**

Corporation Name

WESTWOOD ASSOCIATES DEVELOPMENT CORPORATION

Mailing Address Principal Place of Business 1758 WOODLAWN AVE. 1758 WOODLAWN AVE. FT. MYERS FL 33901 FT. MYERS FL 33901 3. Date Incorporated or Qualified 05/12/1995 3a. Date of Last Report Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8,75 Additional Suite, Apt. #. etc. Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zio Zφ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WINTLE, ARTHUR R JR Street Address (P.O. Box Number is Not Acceptable) 82 1758 WOODLAWN AVE. 83 FT. MYERS FL 33901 85 Zip Code 64 City 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 Hondu. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amfamiliar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE CIATE (NOTE: Roysterud Agent signature required when renistating) Signature, typed or protect turns of registers traject and the diagraph above ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Add tion Change () DELETE 1 1 11 6 TITLE WINTLE, ARTHUR R JR. NAME 1758 WOODLAWN AVE. 1.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33901 1.4 CiTY - ST - ZIP DITY - ST - ZIP Change Addition DELETE 2 1 THLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY S1-7IP CITY-ST-ZIP Change Addition DELETE 3 1 HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 2IP CITY - ST - ZIP ☐ Change Addition DELETE 4 1 111115 TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST- ZIP ☐ Addition ☐ Change DELETE 5 1 TITLE TITLE 5.3 STREET ADDRESS STREET ADDRESS 54 CHTY - ST ZIP DITY-ST-ZIP Change Add tion DELETE 6 1 Tillet TITLE

6.3 STREET ADDRESS

6.4 C/TY ST-2IP 14. I do hereby certify that the information supplied write 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 coath; that I am an officer or director of the corporation or titre receiver or trusted 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: OR DIRECTOR

13 if changed, or on an altachment with an address

STREET ADDRESS

appears in Block 12 or Bloc

5-31-96 (941)768-6160

CR2E034 (12/95)