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

DOCUMENT # P95000060095 (3)

WEST STONE GROUP, INC.

Principal Place of Busine 1/2199/14/14/5TA NORTH

Principal Place of Business HERMAL DOME SPACOVER DUTCES

1501 Decker Ave. #208 THE NORTH A Stuart, FL 34994 AVAILED IN DECKED 20

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N	Aay	19	199	7	8:00)am
M	Sec	cret	ary	of	Stat	te
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from Authorno	Ottali, i E	24244 Autora it access	V. 20						
						3. Date Incorporated or Qualified	3a. Date of Last Re	port	
						08/03/1995	07/09/1996		
	Principal Place of Business 2a, Mailing Address					4. FEI Number		lied For	
21	#	26				65-0599468		Applicable	
Suite, Apt. #, et CHERMAL DOME SPA COVER viite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	1501 Decker Ave.					6. Election Campaign Financing	\$5.00 N	May Be	
23	Stuart, FL 3499	94 28				Trust Fund Contribution	☐ Added to		
Zip	Country	Zip	[C	ountry	,	8. This corporation has liability for in	ntangible tax under s.	199.032,	
24	25	29	30				Yes No		
	9. Name and Address of Curre	ent Registered Agent			r	10. Name and Address of New Re	istered Agent		
WEI	DA, MICHAEL C			81	Name				
228	PELICAN DR.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
STU	ART FL 34996					,			
				83					
				84	City		85 Zip Ci	ode	
							FL '		
11. Pursuant	to the provisions of Sections 607.05 eqistered arrent, or both, in the State	502 and 607.1508, Florida State	utes, the	aboye	e-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its	registered egistered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	Iorida Si	atutes	, аль сопротаг 3.	do to board of differents it floreby beeep	t are appointment do it	.g.5(0100	
SIGNATURE									
	Signature, typed or printed name of registered a				ent signaturo requi	red when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC		IN 12 Addition	
TITLE	DPVS	רייו מנונונ		TITLE			L. Grienge	ווטוויטטא נ	
NAME	WEIDA, MICHAEL C			NAME					
STREET ADDRESS	228 PEUCAN DR.				ADDRESS				
CITY-ST-ZIP	STUART FL 34996	T but		CHY-S	1- ZIP		Change	Addition	
TITLE		DELETE		THLE			inange	L_J Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
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TITLE		☐ DELETE		TITLE			☐ Change	Addition	
name				NAME					
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TITLE		☐ DELETE		TITLE	1		Change	Addition	
NAME			5.2	NAME			11 819	107	
STREET ADDRESS			5.3	STREET	ADDRESS		74/7//	7 +	
CITY-ST-ZIP				CHY-S	1-2IP		10	/	
TITLE		☐ DELETE	6.1	TOLE			L Change	Addition	
NAME			6.2	NAME		900002 19 -06/02/970111	5 740 50 T (2)		
STREET ADDRESS			6.3	STREET	ADDRESS	-06/02/9(0111	5045		
CITY_01.7(D			6.4	CITY. S	1. 70	***165.00			

14. Tdo 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 region or trusted empower of 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 a state of the corporation of the region of

T1-202-12.