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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063552 (0) 1. Corporation Name

WESTF	roads in	vestments, II	NC.								
Principal Plac	e of Busines	s	Mailing Address	····-	_		- 1 10016001 866 10101 01111 6016 90111 00111 00111 0011			)	
222 US HWY 1 SUITE 213-C TEQUESTA FL 33469 US			222 US HWY 1 SUITE 213 C TEQUESTA FL 3 US	SUITÉ 213 C TEOUESTA FL 33469			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/14/1995				
2. Principal F	lace of Busin	0088	2a. Mailing Addr	ess			4. FEI Number	<del></del> T	TApr	olied For	
·			26	26			65-066 1973		<del></del> -	Applicable	
Suite, Apt.	#, elc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	. Certificate of Status Desired See Required Fee Required			
City & Stat	te		City & State	City & State			Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip		Country	<b>Z</b> ip	Coun	try		8. This corporation owes or has paid the cu				
24		25	29	30				Yes	<u>_</u> L_	No	
<u> </u>			rrent Registered Agent		B1	Name	10. Name and Address of New Registered	Agent			
	THE, DARL			1	"	Name					
_		1 STE 213-C		1	32	Street Addre	ress (P.O. Box Number is Not Acceptable)				
TEQUESTA FL 33469				<u> </u>	33						
				\	,3						
				1	34	City	El	85	Zip C	ode	
44 0	to the media	inn of Continue CO7	0102 and 607 1500 Florid	do Chat, day, the object			FL	•	ina ita	resistered	
office or agent. I a	am familiar wi	th, and accept the o	bligations of, Section 607.	0505, Florida Statu	tes	i.	oration submits this statement for the purpose of one board of directors. I hereby accept the applications of the purpose of the applications of the purpose	ointmer	it as r	egistered	
12.	Signature, typed		d agent and life if applicable AND DIRECTORS	(NOTE: Registered a	Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	O DIREC	TORS	1NI 12	
TITLE	PS	OFFICEIS	DE		F		ADDITIONS/CHANGES TO OFFICERS AN	Cha		Addition	
NAME		DARLENE R	_	1.2 NAN				_	•		
STREET ADDRESS		HWY STE 213-C				ADDRESS					
CITY-ST-ZIP	TEQUES			1.4 CITY							
TITLE	1	<u>~~···</u>	DE					Cha	nge	Addition	
NAME	BOTHE.	DARLENE		2.2 NAN	AE.						
STREET ADDRESS			AY 1, SUITE 203-342	2.3 STR	2.3 STREET ADDRESS						
CITY-ST-ZIP		R FL 33477	.,, .,	2 4 CIT	2 4 CITY-ST-ZIP						
TATLE	1		DE			<del></del>		Cha	nge	Addition	
NAME	}			3.2 NAA	Æ						
STREET ADDRESS	]			3.3 STA	EET .	ADDRESS					
CITY-ST-ZIP				3.4. CIT	Y - 5	IT-ZIP					
TITLE			☐ DE	LETE 4.1 TITL	E			Cha	nge	Addition	
NAME	1			4. 2 NA/	WE						
STREET ADDRESS	]			4.3 STR	EET.	ADDRESS					
CITY-ST-ZIP				4.4 CITY	r- S1	T-ZIP					
TITLE			☐ DE	LETE 5.1 TITL	E			Cha	nge	Addition	
NAME				5.2 NAM	1E						
STREET ADDRESS				53 STR	EET	ADDRESS					
CITY-ST-ZIP	<u> </u>			5.4 C(T)	/- SI	T-ZIP					
TITLE	ļ		DE	EETE 6.1 TITL	E			☐ Cha	uge	Addition	
NAME .	1			5.2 8188	ac .	1					

6.3 STREET ADDRESS

14. Thereby 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 occiver 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.