

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000070336 (9)**  
1. Corporation Name  
**WEST MORLAND INVESTMENT PROPERTIES (U.S.A.) INC.**



Principal Place of Business

**438 ST ARMANDS CIRCLE  
SARASOTA FL 34236**

Mailing Address

**438 ST ARMANDS CIRCLE  
SARASOTA FL 34236**

3. Date Incorporated or Qualified

**09/08/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **1606 54TH ST W.**

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 **1606 54TH ST. W.**

22 Suite, Apt. #, etc.  
**BRADENTON FL**

23 City & State

28 **BRADENTON FL.**

24 Zip **34209**

25 Country  
**U.S.A.**

29 Zip **34209**

30 Country  
**U.S.A.**

4. FEI Number

**65-0623502**

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BROWN, DAVID  
438 ST ARMANDS CIRCLE  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **BROWN DAVID**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1606 54TH ST. W.**

83 City **BRADENTON**

84 State **FL**

85 Zip Code  
**34209.**

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

*D. Brown*

(PRESIDENT)

24-MAR-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE  
NAME **DAVID BROWN**  
STREET ADDRESS **438 ST ARMANDS CIRCLE**  
CITY-STATE-ZIP **SARASOTA FL 34236**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DAVID BROWN**  
1.3 STREET ADDRESS **1606 54TH ST W.**  
1.4 CITY-STATE-ZIP **BRADENTON FL 34209**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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)(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 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:

*D. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 MAR 96. 841-795-0661

DAY

DAYTIME PHONE #

CR2E034 (12/95)

PM 4-12-96