## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # *P95000* 88350 Westvale Group, Inc. Principal Place of Business Mailing Address 2112 N. 15th St., Suite 101 2112 N. 15th St., Suite 101 Tampa, Florida 33605 Tampa, Florida 33605 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1995 NIA 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Zφ Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sparr, Mike 2112 N. 15th St. Suite 101 Tampa, Florida 33605 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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 is registered agent. I am SIGNATURE Signature, faced of nd agent and title if applicable (NOTe: Registered Agent signature regulard when reinstating 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE President Director [ ] Change Addition NAME 12 NAME Thomas J. mimollen, Jr. 2112 N. 15th St., Suite 101 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Tampa, 1.4 CITY - ST - ZIP Florida 33605 TITLE DELETE 2. 1 TILLE Vice President, Director Addition NAME Michael D. Sparr 2112 N. 15th St., Suite 101 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP Tumpa, Florida 33605 2.4 CITY-S1-ZiP TITLE DELETE 3.1 TILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZP 3.4 CITY - \$1 - ZIP TITLE DELETE 4 1 111 6 \_\_\_ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 300001836473 -05/23/96--01020--028 \*\*\*200.00 5. 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*200, 00 CHTY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6 1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-7IP 64 CHY-ST-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

CR2E034 (12/95)

SIGNATURE: JAN J. McMullen, J. Thomas J. McMullen, Jn. 4-29-9 (813)247-2828