Apr 05, 2000 8:00 am Secretary of State

04-05-2000 90056 019 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000004832**

1. Entity Name

WESTERN	COMMUNIT	TES MANA	GEMENT	CORP.
MEDIEDM	CV MANARILAN	IL 13 IVIMIAM		CALJEII A

10131	WEST	FOREST	HILL	BLVD	STE.	150
WEST	PALM	REACH F	1 33	414		

Principal Place of Business

Mailing Address

10131 WEST FOREST HILL BLVD., STE. 150 WEST PALM BEACH FL 33414-6155

2.	Principal Place of Bus	iness	3. Mailing Address					
_	Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State			City & State					
	Zip	Country	Zip	Country	<u> </u>			

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0870545	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered	d Agent
			Nome		

KLEIN, STUART B ESQ 1551 FORUM PLACE, STE. 400B WEST PALM BEACH FL 33401

Name	•		
Street Address (P.O. Box Number is	Not Acceptable)		
· · · · · · · · · · · · · · · · · · ·		 No.	
City		 Zip Code	_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9.	This corporation is eligible to satisfy its Intal	 naible
	Tax filing requirement and elects to do so.	3
	(See criteria on back)	П

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

	OFFICERS AND DID	FOTODO	10		DITIONS	CHANCESTO	OFFICEDS A	ND DIRECTORS	- INI 11
11.	OFFICERS AND DIR	ECTORS	12.	1-3	יופאטוווכ	CHANGES IC	OFFICENS A		
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NAME	BISHOP, JEFFREY M		NAME	Disho.	ል ነብ	etti.	1 5/11	# do	>
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

LIMOR L. McGill AlmiN. 3-29-00