SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Alteron

SIGNATURE:

PROFIT FLORIDA DEPARAMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 29 TH 10: 1-1 **DOCUMENT #** P96000008852 (1) WESTAR RESIDENTIAL, INC. Principal Place of Business Mailing Address 5934 ORTEGA FARMS BLVD. JACKSONVILLE FL 32210 5934 ORTEGA FARMS BLVD. JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 59-3356484 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 -City & State City & State 6. Election Campaign Financing \$5.00 May 13e 23 Trust Fund Contribution Added to Fees #Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 64 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed narrie of registered agent and title i^{\prime} applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4.97)DELFTE TITLE 1.1 1ITE JEFFERSON, ALVIN NAME 1.2 NAME CR2E034 5934 ORTEGA FARMS BLVD. STREET ADDRESS 13 STREET ADDRESS ****550.00 ***#550.00 JACKSONVILLE FL 32210 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 217018 BENJAMIN, THOMACIA A NAME 2.2 NAME 5934 ORTEGA FARMS BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIF 2. 4 City - St - ZiP DELETE Change Addition TITLE 3.1 THUE JEFFERSON, KATHY NAME 3.2 NAME 5934 ORTEGA FARMS BLVD. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 3 4. CHY-ST-ZIP DELETE Addition TITLE 41 THLF BENJAMIN, ROBERT W NAM 4. 2 NAME 5934 ORTEGA FARMS BLVD. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY ST-ZIP 4.4 CHTY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do 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 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 it changed, or on an attachment with an address.

(904)384-0033