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97 JUN 23 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000026377 (7)**

1. Corporation Name
WESTONAVE PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
330 NW 48 TERRACE PLANTATION FL 33317	330 NW 48 TERRACE PLANTATION FL 33317-2026

3. Date Incorporated or Qualified: 03/26/1996
3a. Date of Last Report: Not applicable

2. Principal Place of Business
21 [ ]
Suite, Apt. #, etc.
22 [ ]
City & State
23 [ ]
Zip 24 [ ] Country 25 [ ]

2a. Mailing Address
26 P.O. Box 16183
Suite, Apt. #, etc.
27 [ ]
City & State
28 Plantation, Florida
Zip 29 33318 Country 30 Broward

4. FEI Number: 65-0672232 ☐ 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

WEST, OSMOND
330 NW 48 TERRACE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME WEST, OSMOND STREET ADDRESS (P O BOX 16183) 309 N.W. 44th Ave CITY-ST-ZIP PLANTATION FL 33318 33317	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME West, Delroye STREET ADDRESS ~~P.O. Box 16183~~ 309 N.W 44th Ave CITY-ST-ZIP Plantation, FL ~~33318~~ 33317	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME West, Jenifer STREET ADDRESS ~~P.O. Box 16183~~ 309 N.W. 44th Ave CITY-ST-ZIP Plantation, FL ~~33318~~ 33317	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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-06/27/97--01115--035
****165.00 ****165.00

A. Allan
6/23/97

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE _____ OSMOND WEST