

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055480

1. Corporation Name

WEST HAGEN ASSOCIATES, INC.

Principal Place of Business

%THE SILVERMAN ORGANIZATION
3612 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

Mailing Address

%THE SILVERMAN ORGANIZATION
3612 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MCAVA REAL ESTATE
3612 W. HILLSBORO BLVD
DEERFIELD BCH FL 33442

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

Signature, typed or printed name of registered agent and form of application

(SEE BLOCK 13 FOR ADDITIONAL INFORMATION)

(SEE)

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME SILVERMAN, JONATHAN
STREET ADDRESS 3612 W HILLSBORO BLVD
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE SD [] DELETE

NAME ALONSO, STEPHEN M
STREET ADDRESS %3612 W HILLSBORO BLVD
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300002874793--6
-05/13/99-0121--002
****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

9543607444

0046336

CR2E034 (11/99)

FILED
99 APR 29 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date the corporation Qualified

07/01/1996

4. FFI Number

65-0679031

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 owns the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent