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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9600066241

Corporation Name			•		
WESTIN INDUSTRIES, INC.					
,			!	<b>a a</b> nna <b>a</b> nna na h	
Principal Place of Business	Mailing Address				
111 2ND AVE NE-	THE 2ND AVE NE			-	
-SUITE-1601	SUITE 1601		DO NOT WORTE IN THE	D DD4.0E	
ST PETERSBURG FL 33701 US	3T PETERSBURG FL 33701 US		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	<del></del> -
00	00		08/07/1996		1
Delegiant Diago of Business	2a. Mailing Address		4. FEI Number	1 Apr	plied For
2. Principal Place of Business 7209 1st. Avenue N.	2a. Mailing Address 7209 1st.	Ave. N.	59-3395375	<u> </u>	Applicable
21 /209 ISL. AVEITUE IN.	Sulte, Apt. #, etc.			\$8.75 A	
22	27		5. Certifcate of Status Desired	Fee Red	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Re
City & State 23 St. Petersburg, FL	28 St. Peters	sburg, FL	Trust Fund Contribution	bebbA	
Zio Country	' Zin	Country USA	8. This corporation owes the current year I		_
33710 Z5 USA	— 31/1U r	30 USA _	Personal Property Tax.		⊠No
9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registere	d Agent	
		81 Name			{
ROBERTS, GARY		82 Street Add	ress (P.O. Box Number is Not Acceptable)		_
7209 1ST AVENUE NORTH	•	0.000171001			
ST PETERSBURG FL 33710		83			
		84 City	<u> </u>	. 85 Zip C	ode
		Gity City	F		,,,,,,
11. Pursuant to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its i	registered
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was au	thorized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its i ointment as reg	registered pistered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida, Such change was au	thorized by the corporati	ooration submits this statement for the purpose oon's board of directors. I hereby accept the app	of changing its i ointment as reg	registered pistered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE  Signature, typed or printed name of registered agent as	Florida. Such change was auns of, Section 607.0505, Floring title of applicable. (NOTE: I	thorized by the corporati da Statutes. Registered Agent signature require	on's board of directors. I hereby accept the app	ointment as reg	gistered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent at  OFFICERS AND	Florida. Such change was au ns of, Section 607.0505, Flori and title of applicable. (NOTE: I DIRECTORS	thorized by the corporati da Statutes.  Registered Agent signature require 13.	on's board of directors. I hereby accept the app	AND DIRECTOR	RS IN 12
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14. 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 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, with all other like suppowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

727-345-9410