

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070206 (3)**

1. Corporation Name

ASHBROOK & WEST DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

**271 1ST AVE S
NAPLES FL 33940**

**271 1ST AVE S
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 438 PUTNER POINT COURT		26 P.O. Box 488		08/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 NAPLES FL		28 NAPLES, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34102		29 34102			
Country		Country			
25 COLORED		30 COLORED			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEST, STEVEN A
271 1ST AVE S
NAPLES FL 34102**

81 Name	WEST, STEVEN A
82 Street Address (P.O. Box Number is Not Acceptable)	438 PUTNER POINT COURT
83	
84 City	NAPLES
85 Zip Code	FL 34102

11. Pursuant to the provisions of Sections 607.0102 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

Steven A. West

STEVEN A. WEST

1/28/98

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, STEVEN A	1.2 NAME	STEVEN A. WEST
STREET ADDRESS	271 1ST AVE S	1.3 STREET ADDRESS	438 PUTNER POINT COURT
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, MICHAEL	2.2 NAME	
STREET ADDRESS	6602 WELCH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARVADA CO 80004	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBROOK, ALLAN S	3.2 NAME	
STREET ADDRESS	4536 31ST AVE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Steven A. West

STEVEN A. WEST

1/28/98

941-649-4581

CR2E034 (10/97)