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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9600070206

Country

9. Name and Address of Current Registered Agent

25

438 PUTTER POINT COURT NAPLES FL 34102

WEST, STEVEN A

ASHBROOK & WEST DEVELOPMENT CORP.

Principal Place of Business 438 PUTTER POINT COURT NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

US

21

22

23

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Zip

1. Corporation Name

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P.O. BOX 488 NAPLES FL 34102

US

26

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29

Zip

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90020 010 \*\*\*150.00



	DO NOT WRITE IN THIS SPACE		
	3. Date Incorporated or Qualifed		
	08/21/1996		
	4. FEI Number APPZIBD FOR	Applied For	
	NOT APPLICABLE	Not Applicable	
	5 Cortiferto of Status Desired   \$8	3.75 Additional Fee Required	
		5.00 May Be Added to Fees	
	8. This corporation owes the current year Intangib Personal Property Tax.		
	10. Name and Address of New Registered Agen	t	
Name			
Street Addres	ss (P.O. Box Number is Not Acceptable)		

85

Zip Code **39103** 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.

Country

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83 84

City

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P DELETE	1.1 TITLE	☐ Change	☐ Addition	
NAME	WEST, STEVEN A	1.2 NAME			
STREET ADDRESS	438 PUTTER POINT COURT	1.3 STREET ADDRESS		l	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP			
TITLE	DV DELETE	2.1 TITLE	` ☐ Change 】	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 DELETE	3.1 TΠLE	. Change -{	Addition	
NAME	ASHBROOK, ALLAN S	3.2 NAME		Ì	
STREET ADDRESS	4536 31ST AVE SW	3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33999	3.4, CITY-ST-ZIP			
TTLE	☐ DELETE	4.1 TITLE	☐ Change	Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	·		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	. Change	☐ Addition	
NAME		6.2 NAME	•		
STREET ADDRESS	1	6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-\$T-ZIP			

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 empowered.

SIGNATURE:

