

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

FILED

May 11 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 # P96000099486 (8)

1. Corporation Name
WESTCHESTER ASSOCIATES, INC.



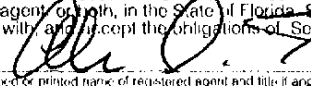
Principal Place of Business 12292 WEDGE WAY BOYNTON BEACH FL 33437	Mailing Address 12292 WEDGE WAY BOYNTON BEACH FL 33437
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12299 WEDGE WAY Suite, Apt. #, etc.		2a. Mailing Address 26 12299 WEDGE WAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1997	
22 City & State 23 BOYNTON BEACH FL		27 City & State 28 BOYNTON BEACH FL		4. FEI Number 65-0713764	
24 Zip 33437		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33437		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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					

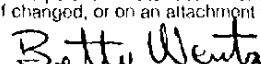
9. Name and Address of Current Registered Agent -AMERILAWYER-CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name ALAN D. STUPARITZ 82 Street Address (P.O. Box Number is Not Acceptable) 900 E. ATLANTIC BLVD 83 SUITE 17 84 City POMPANO BEACH FL 85 Zip Code 33060	
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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  **4-30-98**
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 PSTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILDEA, WILLIAM J		1.2 NAME BETTY WENTZ	
STREET ADDRESS 12292 WEDGE WAY		1.3 STREET ADDRESS 12299 WEDGE WAY	
CITY-ST-ZIP BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:  **4-30-98 954-783-5030**

CR2E034 (10/97)