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

PROFIT CORPORATION ANNUAL REPORT

1999

WESTFALL, JOHN

16110 N. FLORIDA AVE **LUTZ FL 33549**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90049 019 ***150.00

DOCUMENT # P97000009737 1. Corporation Name

Principal Place of Business	Mailing Address		
16110 N. FLORIDA AVE LUTZ FL 33549	P.O. BOX 822 Lutz FL 33548		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc. 27		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 - City & State		

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Added to Fees

Zip Code

85

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

01/27/1997 4. FEI Number

65-0726899

	This corporation owes the current Personal Property Tax.	t year Intangible	□No
	10. Name and Address of New Reg	gistered Agent	
Name			
Street Addres	ss (P.O. Box Number is Not Acceptable	e)	

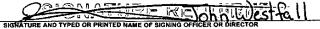
84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OLOMATURE					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature r	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AN			
TIFLE	P DELETE	1,1 TITLE	P/S/T/D	K] Change	Addition
NAME	WESTFALL, JOHN	1.2 NAME	Westfall, John W.		
STREET ADDRESS	16110 N. FLORIDA AVE	1.3 STREET ADDRESS	16110 N. Florida Ave.		
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	Lutz, FL 33549		
TITLE	DELETE	2.1 TITLE	VP/D	☐ Change	Addition
NAME		2.2 NAME	Bruce Anderson		
STREET ADDRESS		2.3 STREET ADDRESS	719 W. Fletcher Ave.		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33612		
πιĖ	OELETE	3.1 TITLE	-D	Change _	Addition
NAME		3.2 NAME	Carol A. Westfall		
STREET ADDRESS	·	3.3 STREET ADDRESS	16110 N. Florida Ave.		
CITY-ST-ZIP	•	3.4. CITY+ST-ZIP	Lutz, FL 33549		
TITLE	☐ DELE TE	4.1 TITLE		Change	Addition
NAME		4, 2 NAME			
STREET ADDRESS	, '	4.3 STREET ADORESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAMÉ			
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		6.3 STREET ADDRESS	·		
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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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 empowered.

SIGNATURE:



(813)962-6544