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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000010581 (1) DOCUMENT

THE WESTCAP GROUP, LTD., INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. **SUITE 4550 SUITE 4550** DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 01/30/1997 2, Principal Place of Business 2a. Mailing Address Applied For 200 S. Biscayne Blud 25 200 S. Biscayne Blud Not Applicable Suite, Apr. *... 4550 \$8.75 Additional 5. Certificate of Status Desired 4550 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 STULA, GREGORY Name 416 GARLENDA AVE 82 **CORAL GABLES FL 33146** 84 City Zip Code 3313 hami 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 objections of, Section 607.0505, Florida Statutes. Stanature typed or privile diagont and title Lappecable (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 12, OFFICERS AND DIRECTORS 13. CR2E034 (10/9) President Secretary, Director Change Beogray C. Stola HILE Garlenda Avenue DELETE TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Copal Gables FL 33/34 Vice President, Treasurer, Directal Change CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE GOEDON P. Stula NAME 2.2 NAME 888 Beickell Key Deve, #510 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z# 2 4 City-St-ZiP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. Thereby 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.

n/ Aulaa