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

PROFIT **CORPORATION ANNUAL REPORT**

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED May 21 1998 8:00am Secretary of State

1	MENT # P9700 WESTMENTS, INC.	0027243 (9)		
Principal Place	e of Business	Mailing Address			/
4319 SW 74T	H AVE.	4319 SW 74TH AVE.			
DAVIE FL 333	814	DAVIE FL 33314		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	 -1
				03/26/1997	
2. Principal P	lace of Business	2a. Mailing Address	····	4. FEI Number / Applied F	or
21	_ · 	26		45-0750094 Not Appli	cable
Suite, Apt.	#. el c	Suite, Apt. #, €tc.		5. Certificate of Status Desired \$8.75 Addition	
		City & State		Fee Required	
23	•	28		6. Flection Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip	Gountry	7(0)	Country	B. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30 Pes No	'
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	RNECKE, REINHARD		81 Name	•	
	9 SW 74TH AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)	\dashv
DA'	VIE FL 33314		83		
			83		
			84 Cily	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 697.05	02 and 607 1508 Florido Stat	utes the above name		boxot
office or re	ugistered agent, or both, in the State	e of Florida, Such change was	authorized by the con	d corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as registe	red
SIGNATURE	a idealistic sour transferred a latter of wif	, marks or, an email too, cooo,	юния заниция.		i
SIGNATURE	Signature, typed or protect name of region each ag	pest modified applicable (Ne	111 Registered Agent signatur	e required when reinstating) DATE	
12.	OFFICERS AN	AD DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WERNECKE, REINHARD	[] DELETE	1.1 TITLE	S Change Warning Change XIA	Idition
NAME STREET ADDRESS	4319 SW 74TH AVE.		1.2 NAME	Kathleen Wernroke 4319 Sw 74 Ave	
CITY-ST-ZIP	DAVIE FL 33314		1.3 STREET ADDRESS 1.4 CITY-ST-ZR	Davie FL. 33314	
TrTLE		DELETE	21 UILF		ddition (
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CHY-ST-ZIP			2 4 CHY-S1-ZIP	••	
TITLE		DELF1E	3.1 TALE	Change Ac	ddition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. City - S1 - ZiP 4.1 Title	Change Ac	ddition
NAME		[] Dett it			Million
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-\$1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5.1 TITLE	Change As	dition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF			5 4 CHY-ST-ZIP		
TITLE		DELETE	6 1 DILE	Change Ad	Idition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET AODRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this bling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of fusite empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address