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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000038141 (2) DOCUMENT # 1. Corporation Name

LAWRENCE W. WEST & ASSOCIATES, INC.

## FILED May 27 1998 8:00am Secretary of State



4/27/98

105665-8739

| 1578 MARDICA NE. STE. 127   CORAL GABLES FL. 20146   CORAL GABLES FL.   |   |  |                              |   |                                |           |                 | -{ -   |                           | <b>a</b> i abibi fibili | MINERI HINE HONE                  |
|--|---|--|------------------------------|---|--------------------------------|-----------|-----------------|--|---------------------------|-------------------------|-----------------------------------|
| COPAL CARLES FL 33146  COPAL CARLES FL 33146  COPAL CARLES FL 33146  DO NOT WRITE IN THIS SPACE  3. Date incorporation of Covalined  4/23/1997  A FEI Number  A FEI Number | Principal Place of Business Mailing Address |  |                              |   |                                | לפו       |                 |  |                           |                         |                                   |
| Principal Place of Business   2a. Misling Address   2b. Misling    |   |  |                              |   |                                | 121       |                 |  |                           |                         |                                   |
| Comparison   Control   C   |   | -•   |                              |   |                                |           |                 |  |                           | SPACE                   |                                   |
| Side Apt 1 std.  Sold Apt 2 std.  Apt 1 std.  Sold Apt 2 std.  Sold Apt 1  |   |  |                              |   |                                |           |                 |  |                           |                         |                                   |
| Suite Apr II. Personal to the provisions of Sections CO7 002 and 607 1508, Findis Statutes, the above-named corporation submits this information good or both, in the State of Recta Such change was authorized by the corporation submits this information agent, or both, in the State of Recta Such change was authorized by the corporation submits this information agent or both, in the State of Recta Such change was authorized by the corporation submits this information agent or both, in the State of Recta Such change was authorized by the corporation submits this information from providing agent or both, in the State of Recta Such change was authorized by the corporation submits this information from propose or changing its registered agent I are familiar with and accept the dependent of Section 607 00.05, Fordis Statutes.  18. Name  DEZ Santago  III. Personal to the provisions of Sections 607 00.05 shouldes, the above-named corporation submits this information the provisions of Sections 607 00.05, Fordis Statutes, the above-named corporation submits this information the provisions of Sections 607 00.05, Fordis Statutes.  19. Name and Address (P.O. Box Numbor is Not Acceptable)  19. Name and Address of New Registered Agent  10. Name and Address of N |   | _  |                              | 2a. Mailing Addr                            | ess                            |           |                 | 4. FEI Number  |                           | - X                     | Applied For                       |
| Suite Apr II. Personal to the provisions of Sections CO7 002 and 607 1508, Findis Statutes, the above-named corporation submits this information good or both, in the State of Recta Such change was authorized by the corporation submits this information agent, or both, in the State of Recta Such change was authorized by the corporation submits this information agent or both, in the State of Recta Such change was authorized by the corporation submits this information agent or both, in the State of Recta Such change was authorized by the corporation submits this information from providing agent or both, in the State of Recta Such change was authorized by the corporation submits this information from propose or changing its registered agent I are familiar with and accept the dependent of Section 607 00.05, Fordis Statutes.  18. Name  DEZ Santago  III. Personal to the provisions of Sections 607 00.05 shouldes, the above-named corporation submits this information the provisions of Sections 607 00.05, Fordis Statutes, the above-named corporation submits this information the provisions of Sections 607 00.05, Fordis Statutes.  19. Name and Address (P.O. Box Numbor is Not Acceptable)  19. Name and Address of New Registered Agent  10. Name and Address of N | 21 1578                                     | 8 MADRUGA  | Aue                          | 26 IS 78_                                   | MABR                           | U6        | a nue           |  |                           |                         |                                   |
| Covar Grables   2   2   2   2   2   2   3   3   4   2   2   2   2   2   3   3   4   2   2   3   3   4   2   3   3   4   2   3   3   4   2   3   3   4   2   3   3   4   3   3   3   4   3   3   3  | 22 Suit                                     | ti 150   |                              | Suite, Apt. #,                              | etc.                           |           |                 | 5. Certificate of Status Desired   | Ø                         |                         |                                   |
| County   C   | _ ^   |  |                              |   | Gable                          | ),F       |                 |  | ×                         | •                       | •                                 |
| DIEZ. SANTIAGO 1401 BRICKELL AVE., STE. 500 MIAMI, FL 33131  BB S Street Address (P.O. Box Number is Not Acceptable)  FL 85 2th Code  FL 85 2t |   |  |                              |   | 30                             |           |                 | Personal Property Tax due Jun  | e 30. 【                   | Yes                     |                                   |
| Section Control 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 ropidlered agent, or both, in the State of Florida Science of Registered office or ropidlered agent, or both, in the State of Florida Science of Registered office or ropidlered agent, or both, in the State of Florida Science of Registered office or ropidlered agent, or both, in the State of Florida Science of Registered of Section Science of Registered of Section Science of Registered Office or ropidlered Registered of Registered Office or ropidlered Registered of Registered Registered of Registered Register   |   | 9. Name and Address o  | f Current R                  | egistered Agent                             |                                |           | T               | 10. Name and Address of New R  | egistered                 | Agent                   |                                   |
| MIAMI_FL 33131    Fig.   Fig.  |   |  |                              |   |                                | 81        | Name            |  |                           |                         |                                   |
| Section   Sections   Section   Sec   |   |  |                              |   |                                |           | Street Addre    | ddress (P.O. Box Number is Not Acceptable)   |                           |                         |                                   |
| The 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, are both, in the State of Horida Statutes, and an addition of the statutes of Horida Statutes, and the statement for the purpose of changing its registered agent. Lam familiar with, and accept the early plants of Section 607 0505, Horida Statutes, and the statement for the purpose of changing its registered agent. Lam familiar with, and accept the early plants of Section 607 0505, Horida Statutes, and the statement for the purpose of changing its registered agent. Lam familiar with, and accept the early plants of the statement for the purpose of changing its registered specific values. Thereby accept the appointment as registered agent. Lam familiar with a statement for the purpose of changing its registered specific values. Thereby accept the appointment as registered agent. Lam familiar values and the statement for the purpose of changing its registered specific values. Thereby accept the appointment as registered agent. Lam familiar values and the corporation's board of directors. Thereby accept the appointment as registered agent agent. Lam familiary and accept the edition of the purpose of changing its registered agent. Lam familiary and the corporation's board of directors. Thereby accept the appointment as registered agent agent. Lam familiary and the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiary and the corporation's board of corporation's board of corporation's board of the    |   | 1  |                              |   |                                | 83        |                 |  |                           |                         |                                   |
| office or rogistered agent, or both, in the State of Felician Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the conjugations of Science 607 5005, floridal Statutos.  SIGNATURE    Interest   |   |  |                              |   |                                | 64        | City            |  | FL                        | 85 Zi                   | p Code                            |
| SIGNATURE    22 OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  | office or re                                | onistered agent or both itil   | the State of I               | Horida, Such chan                           | ae was authi                   | orized b  | v the corporate | oration submits this statement for the on's board of directors. I hereby according to the contract of the cont | purpose o                 | f changing<br>pointment | j its registered<br>as registered |
| THE DPS DELETE 1.1 THE WEST, LAWRENCE W 1578 MADRUGA AVE., STE. 127 CORAL GABLES FL 33146 1.5 STREET ADDRESS | SIGNATURE                                   |  |                              |   |                                |           |                 | id when reinstating)   | DATE                      |                         | <del></del> -                     |
| WEST, LAWRENCE W 1578 MADRUGA AVE, STE. 127 CORAL GABLES FL 33146  ME  DPS  MAME WEST, LAWRENCE W 13 STREET ADDRESS  MAME WEST, LAWRENCE W 1578 MADRUGA AVE, STE. 127 CORAL GABLES FL 33146  ME  DPS  MAME WEST, LAWRENCE W 1578 MADRUGA AVE, STE. 127  MAME WEST, LAWRENCE W 1578 MADRUGA AVE, STE. 127  Change Addition  Addition  TILE ME  ME  TO VAIL GABLES FL 33149  DELETE  TITLE  MAME  33 STREET ADDRESS 34 CITY-ST-ZIP  MAME ASSTREET ADDRESS 44 CITY-ST-ZIP  MAME ASSTREET ADDRESS 44 CITY-ST-ZIP  MAME  DELETE  DELETE  45 TITLE  MAME  1578 MADRUGA AVE, STE. 127  Change Addition  Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  TO MAME  STEET ADDRESS ASSTREET A | 12.   |  |                              |   |                                | 13.       |                 | ADDITIONS/CHANGES TO OFF   | CERS AND                  | D DIRECTO               | ORS IN 12                         |
| STREET ADDRESS STREET | TITLE                                       | DPS  |                              | <b>⊠</b> DE                                 | LETE                           | 1.1 101LE |                 |  |                           | Chang                   | e 🔲 Addition                      |
| CORAL GABLES FL 33146    DELETE   DELET | NAME  | WEST, LAWRENCE W   | !                            |   |                                | 1.2 NAME  |                 |  |                           |                         |                                   |
| THE WEST, LAWRENCE W 22 NAME 22 STREET ADDRESS 23 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP Change Addition ADDRESS 25 NAME 25 NA | STREET ADDRESS                              |  |                              |   | •                              | 1.3 STREE | T ADDRESS       |  |                           |                         |                                   |
| MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE  | CITY-ST-ZiP                                 |  | 3146                         |   |                                | 1.4 CHY-  | ST-ZIP          |  |                           |                         |                                   |
| DELETE   DELETE   STREET ADDRESS   STR   | TITLE                                       | 295  |                              | D€  | LETE                           | 2171114   |                 |  |                           | Change                  | e L Addition                      |
| DELETE   DELETE   STREET ADDRESS   STR   | NAME  | WEST, LAWR   | BNCE                         | W chale                                     | ا 🗼                            | 2 2 NAME  |                 |  |                           |                         |                                   |
| DELETE   STITITE   Change   Addition   | STREET ADDRESS                              | 1218 WHOKA   | GAR                          | ve, STE 13                                  | 0                              | 2 3 STREE | 1 ADDRESS       |  |                           |                         |                                   |
| Addition  STREET ADDRESS  STRE | CITY-ST-ZIP                                 | COVAL GADIE  | 3 F1                         | 33146                                       |                                |           | S1 - ZIP        |  |                           |                         |                                   |
| STREET ADDRESS  DITY-ST-ZIP  DELETE 4.1 TITLE  ANME  4.2 NAME  4.3 STREET ADDRESS  STREET ADDRESS  ACTY-ST-ZIP  DELETE 5.1 TITLE  AMME  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  DELETE 5.1 TITLE  Change Addition  Addition  Change Addition  STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADDRESS  CITY-ST-ZIP  ACTY-ST-ZIP  Change Addition  Change Change Addition  Change Addition  Change Change Addition  Change Addition  Change Addition  | TITLE                                       |  |                              | L_J DE                                      | LETE                           | 31 TITLE  |                 |  |                           | L Chang                 | e                                 |
| 34. CITY-ST-ZIP  TITLE  AAME  4.2 NAME  4.3 STREET ADDRESS  ATTY-ST-ZIP  TITLE  AAME  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  5.1 TITLE  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 TITLE  6.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  | NAME  |  |                              |   |                                | 3 2 NAME  | 1               |  |                           |                         |                                   |
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| STREET ADDRESS  CITY-ST-ZIP  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  LAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attrehument with an address.  | CITY-ST-ZIP                                 |  |                              |   | I E TE                         |           | S1-ZIP          |  |                           | Chann                   | e Addition                        |
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| STREET ADDRESS OTY-ST-ZIP    DELETE   6.1 TiffLe   Change   Addition   | NAME  |  |                              |   |                                |           | T LODGE CO      |  |                           | <b>~</b> 1.             |                                   |
| DELETE 6.1 TITLE  AMME  6.2 NAME  6.3 STREET ADDRESS  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 13 if changed, or on an attachament with an address.   | STREET ADDRESS                              |  |                              |   |                                |           |                 |  |                           | 37                      | 5\ <sup>0</sup>                   |
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| 63 STREET ADDRESS  ETY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 CITY-ST-ZIP  65 CITY-ST-ZIP  65 CITY-ST-ZIP  65 CITY-ST-ZIP  66 CITY-ST-ZIP  67 CITY-ST-ZIP  68 CITY-ST-ZIP  69 CITY-ST-ZIP  69 CITY-ST-ZIP  69 CITY-ST-ZIP  60 CITY-ST-ZIP  | TITLE                                       |  |                              |   | LLIL                           |           |                 |  |                           |                         |                                   |
| 64 CITY-S1-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 13 if changed, or on an attachment with an address.   | NAME  |  |                              |   |                                |           |                 |  |                           |                         |                                   |
| 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 13 if changed, or on an attentiment with an address.   | STREET ADDRESS                              |  |                              |   |                                |           |                 |  |                           |                         |                                   |
| indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it air 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 13 if changed, or on an attachment with an address.  | CITY-ST-ZIP                                 | and the state of t | nandrod a de                 | this thus done set                          | avalify for th                 | 6.4 CITY  | ST-ZIP          | Section 119 07/3Vi). Florida Statutos  | I further o               | ertify that t           | the information                   |
|  | indicated<br>officer or                     | on this annual report or sup<br>director of the corporation o  | plemental a<br>r the receive | unual report is true<br>er or trustee empov | i and accurat<br>vered to exec | io and t  | nat my sionatur | 'e shall have the same legal effect as   | if made ur<br>i; and that | naer oaur:              | maci am an                        |

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