

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

FILED  
Apr 15 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 # P97000049135 (1)

1. Corporation Name  
WESTGATE ENTERPRISES, INC.



Principal Place of Business 4000 HOMESTEAD RD. N. LEHIGH ACRES FL 33906 23 HIGHLAND AVE	Mailing Address C/O ROBERT D. ROYSTON JR. P.O. BOX 00205 FT. MYERS FL 33906 23 HIGHLAND AVE LEHIGH, FLA 33936
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 23 HIGHLAND AVE. 237 JOEL BLVD. Suite, Apt. #, etc. 22 City & State 23 Lehigh Acres, FL Zip 33936 Country USA 24 33972 25	2a. Mailing Address 26 23 HIGHLAND AVE 12670 New Brittany Blvd Suite, Apt. #, etc. 27 Suite 101 City & State 28 Lehigh, FLA. Port Myers, FL Zip 33907 Country USA 29 33907 30	3. Date Incorporated or Qualified 06/04/1997 4. FEI Number 65-0758749 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROYSTON, ROBERT D 12670 NEW BRITTANY BLVD., STE. 101 FT. MYERS FL 33907 BEVERLY C. HICKERSON 23 HIGHLAND AVE LEHIGH, FLA 33936	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code BEVERLY C. HICKERSON 23 HIGHLAND AVE LEHIGH, FLA 33936 FL
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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. BEVERLY C. HICKERSON

SIGNATURE *Beverly C. Hickerson* President DATE 4/9/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 0 SCHWARTZMEIER, WILLIEBALD 1303 HOMESTEAD RD. N. LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 237 Joel Blvd. Lehigh Acres, FL 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HICKERMAN, BEVERLY 1303 HOMESTEAD RD. N. LEHIGH ACRES FL 33936	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PRESIDENT 23 HIGHLAND AVE 237 Joel Blvd. Lehigh Acres, FL 33972 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Beverly C. Hickerson*

CR2E034 (10/97)