

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 4900 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 23 HIGHLAND AVE. 237 JOEL BLVD.	2a. Mailing Address 23 HIGHLAND AVE 12670 New Brittany Blvd Suite, Apt. #, etc. Suite 101
23. City & State Lehigh Acres, FL	28. City & State LEHIGH, FLA. Port Myer St
24. Zip 33936	29. Zip 33907
25. Country USA	30. Country USA

3. Date Incorporated or Qualified 06/04/1997	4. FEI Number 65-0758749	Applied For <input type="checkbox"/> Not Applicable
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		

9. Name and Address of Current Registered Agent ROYSTON, ROBERT D 12670 NEW BRITANNY BLVD., STE. 101 FT. MYERS FL 33907 BEVERLY C. HICKERSON 23 HIGHLAND AVE LEHIGH FLA 33936	
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10. Name and Address of New Registered Agent	
81. Name BEVERLY C. HICKERSON	85. Zip Code FL 33936
82. Street Address (P.O. Box Number is Not Acceptable) 23 HIGHLAND AVE	
83. City LEHIGH, FLA	

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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	SCHWARTZMEIER, WILLIEBALD	
STREET ADDRESS	1303 HOMESTEAD RD. N.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/>
NAME	HICKERMAN, BEVERLY	
STREET ADDRESS	1303 HOMESTEAD RD. N.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	237 Joel Blvd.		
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33972		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BEVERLY C. HICKERSON		
2.3 STREET ADDRESS	23 HIGHLAND AVE		
2.4 CITY-ST-ZIP	Lehigh Acres, FL 33972 33936		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Beverly C. Hickerson* **President** DATE **4/9/98**

CR2E034 (10/97)