

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

AMENDED 1998

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98 OCT 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054914
1. Corporation Name
DIVISION WEST PROPERTIES, INC.

Principal Place of Business
**2111 LYNX PLACE
LOXAHATCHEE, FL 33470**

Mailing Address
**2111 LYNX PLACE
LOXAHATCHEE, FL 33470**

3. Date Incorporated or Qualified
6/23/97

3a. Date of Last Report
5/8/98

2. Principal Place of Business
21 13899 BISCAYNE BLVD.

2a. Mailing Address
26 13899 BISCAYNE BLVD.

Suite, Apt. #, etc
22 SUITE 404

27 SUITE 404

City & State
23 MIAMI, FL 33181

28 MIAMI, FL 33181

Zip Country
24 33181 25 USA

29 33181 30 USA

4. FEJ Number
65-0776158

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**JOHN R. DETOMA
2111 LYNX PLACE
LOXAHATCHEE, FL 33470**

10. Name and Address of New Registered Agent

81 Name **STUART A. LIPSON, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)
13899 BISCAYNE BLVD. SUITE 404

83

84 City **MIAMI** FL 85 Zip Code **33181**

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.

SIGNATURE *[Signature]* **STUART A. LIPSON, ESQ.** DATE **10/15/98**

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

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JOHN R. DETOMA
STREET ADDRESS	2111 LYNX PLACE
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DPS GREGORY CAIRO
1.3 STREET ADDRESS	c/o 13899 BISCAYNE BLVD. #404
1.4 CITY - ST - ZIP	MIAMI, FL 33181
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STUART A. LIPSON
2.3 STREET ADDRESS	13899 BISCAYNE BLVD. #404
2.4 CITY - ST - ZIP	MIAMI, FL 33181
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200002678662-2
3.4 CITY - ST - ZIP	-11/03/98-01024-004
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 the 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. 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: *[Signature]* **JOHN R. DETOMA** 561 795-5327

[Signature] **STUART A. LIPSON** 305 947-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/29/98** Daytime Phone #