

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

AMENDED 12/98

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

98 DEC 15 PM 3:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 10/29/98

2. Principal Place of Business 21 13899 BISCAYNE BLVD. 2a. Mailing Address 26 13899 BISCAYNE BLVD. 4. FEI Number 65-0776158 Applied For Not Applicable 22 SUITE 404 27 SUITE 404 5. Certificate of Status Desired \$8.75 Additional Fee Required 23 MIAMI, FL 33181 28 MIAMI, FL 33181 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 24 33181 25 USA 29 33181 30 USA 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent STUART A. LIPSON, ESQ. 13899 BISCAYNE BLVD., SUITE 404 MIAMI, FL 33181 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 MIAMI FL 85 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 DATE 12/1/98

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 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. 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 or as an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #