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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

TY-ST-ZIP



FLORIDA CEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

% CAREY KRAMER COMPANY-SOUTH FLORIDA

3265 MERIDIAN PARKWAY SUITE 100

Jun 18, 1999 8:00 am Secretary of State 06-18-1999 90012 007 ***558.75

FILED

P97000068879 (0) DOCUMENT #

WEST CITY PEACHTREE, INC.

% CAREY KRAMER COMPANY-SOUTH FLORIDA

3265 MERIDIAN PARKWAY SUITE 100

FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331						!	DO NOT WAT	E 114 11212	SPACE		
							3. Date Incorporated or Qualified				
							08/08/19	97_			
2. Principal	Place of Business	2a. Ma	arling Address				4. FEI Number				Applied For
21		26					45- 6	774909			Not Applicable
Suite, Apt	ı. #, etc.	Şui	ite, Apt. #. etc.		_		5 Certificate o	f Status Desired	X		75 Additional
22		27			_		J. Certificate C	Jidius Desired	(32)	Fe	e Required
City & Sta	ate ·	Cit	ty & State		_		6. Election Car	npaign Financing		\$5.	.00 May 8e
23		28					Trust Fund (Contribution			ded to Fees
Zip	Country	Zip)	Coun	iry		8. This corpora	ition owes or has p	aid the cu	rrent yea	r Intangible
24	25	29		30			Personal Pro	perty Tax due June	e 30(Yes	☐ No
	g, Name and Address of Currer		d Agent		_		10. Name and	Address of New Ro	egistered	Agent	
HC	OUK, JANE A				81	Name					
	HITE & CASE			ļ.	32	Stroot Addres	cc /P O. Boy Num	ber is Not Accepta	bia)		·
	O S. BISCAYNE BLVD. SUITE 490	nn		"	32	Street wades	ISS (F.U. BUX NUM	DEL IZ MOL MCCEPIA	Die)		
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MI	AMI FL 33131			Ĺ	_						
				8	34	City			FL	85 2	Zip Code
an Duraniant	to the provisions of Sections 607.050	2 and 607 10	soo Elonda Statuti	as the abs	-\- <u>-</u>	-named corpor	ration submits this	statement for the r	ournose of	chancin	o its registered
office or r	registered agent, or both, in the State	of Florida, S	Such change was a	authorized	DУ	the corporation	n's board of direc	tors. I hereby acce	pt the app	ointment	as registered
agent. 1 a	am familiar with, and accept the obliga	ations of, Sec	ction 607.0505, Flo	orida Statut	es.						
SIGNATURE									2.75		
	Signature, typed or printed name of registered ager				gen	it signature required		HANGER TO OFFIC	DATE	OIDECT	OBS IN 12
12.	OFFICERS AND	3 DIMECTOR	DELETE	13.	_		ADDITIONS/C	HANGES TO OFFIC	PENS MIND	Chang	e Addition
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3MAV	SIMIGRAN, KENNETH H			2.2 NAME	:	1	ıl				
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TLE ·			☐ DELETE	6.1 TITLE		ļ			ί	Change	. Addition
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64 CITY - ST-ZIP

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 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 which address 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 which address the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 which is the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporati