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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070554 (5)

DAVID M. WESTLAKE, PA

## FILED Jan 27 1998 8:00am Secretary of State

						)
Principal Place of Business Mailing Addro		Mailing Address			-{	
19713 GUNN HIGHWAY ODESSA FL 33556		19713 GUNN HIGHWAY ODESSA FL 33558			DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified 08/14/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26				59-3467965	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		
City & State 28		City & State	<del>-</del> 7 '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip Count <b>30</b>			This corporation owes or has paid to     Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
WESTLAKE, DAVID M 19713 GUNN HIGHWAY ODESSA FL 33558				Name	ess (P.O. Box Number is Not Acceptable)	
			83	Street Addre	ess (P.O. Box Number is Not Acceptable)	
			84	City		FL 85 Zip Code
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 typed or printed name of registered	agent and title if applicable (NOT	E Registered Agent	signature require	od when re-instating)	DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
THLE	0	☐ DELETE	1.1 TITLE			Change Addition
NAME	WESTLAKE, DAVID M		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ODESSA FL 33536		1.4 CITY - ST - 2.1 TITLE	ZIP		Change Addition
NAME			22 NAME			
STREET ADDRESS	3		2.3 STREET AC	IDRESS		
CITY-ST-ZIP	′-ST-ZIP		2. 4 CITY-ST-	ZIP		
TITLE	<del></del>		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AC	ORESS		
CITY-ST-ZIP			3.4. CITY - ST -	ZIP		
TITLE	☐ DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	[		
STREET ADDRESS			4.3 STREET AC			
CITY-ST-ZIP TITLE	DELETE		4.4 CITY - ST - 3	ZIP		Change Addition
NAME			5.1 HILE 5.2 NAME			El Alimiño El Vitaltión
STREET ADDRESS			5.3 STREET AD	OBESC		
CITY-ST-ZIP			5.4 CITY-ST-			
TITLE		☐ DELETE	6 1 TillE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD	DRESS		
CITY-ST-ZIP			6.4 CITY - ST - 2			
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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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIONATURE.

president