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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077633 (0)

WESTWOOD MANAGEMENT OF FLORIDA, INC.

FILED
Apr 07 1998 8:00am
Secretary of State

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Sulte, Apt #, etc.	Principal Place	of Business	Mailing Address		i til bisnat som til til 14 dasta antte mutte Anter som er dette	i disan tan smal
SARASOTA, FL 34237 US 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified QU/Sy/1997 4. FL Number 6. S - 0.71 9 6 2 1	2198 M	IN STREET	210P MAIN STOP	EET		
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2. Principal Place of Business	· '			74201		
2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied Ft Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Address \$9.75 Address \$				i i		
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Sulfc, Apl #, etc. Sulfc, Apl #, etc. Sulfc, A	21		26		65 - 077 9621 Not Applicat	
City & Stato Country 2/i) Country 2/i) Country 8. This corporation owes or has paid the current year Intangible 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 67 0009 and 607, 1508. Fibrida Statutes 2198 MAIN STREET SARASOTA, FL 34237 US 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Section 67 0009 and 607, 1508. Fibrida Statutes 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 86 Zip Code 11. Pursuant to the provisions of Section 67 0009 and 607, 1508. Fibrida Statutes 87 Street Address (P.O. Box Number is Not Acceptable) 12. Cot Fict RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Of Fict RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 14. TITLE 15.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
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JAENSCH, P. CHRISTOPHER 2198 MAIN STREET SARASOTA, FL 34237 US 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 registor agent. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OF ICERS AND DIRL CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OF ICERS AND DIRL CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. ANAIE WATSON, MARTIN STRET ADDRESS CITY-S1-2P LONGBOAT KEY FL 34228 14. City-S1-2P 14. City-S1-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Ad ANAIE 17. STRET ADDRESS CITY-S1-2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ANAIE 18. STRET ADDRESS CITY-S1-2P 19. Change Ad ANAIE 19. Change Ad AD DILETE 19. TITLE 10. DELETE 19. TITLE 19. TI	24]			[30]		
2198 MAIN STREET SARASOTA, FL 34237 US 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 register of agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent, and formatia with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature typed for printed agent are failed agent and filled agent a			ant negistored Agent	81 Name	ty. Hallie will Address of them hogisteles Agent	
### City ###	JAE	INSCH, P. CHRISTUPHER				
SARASOTA, FL 34237 US 83 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 register agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pretited teams of registered agent and tile of agriculture agent agriculture agent and tile of agriculture agent agriculture agent	219	8 MAIN STREET		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
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SIGNATURE Signature, typed or printed name of registrated agont and tiltr'd all plan size. (NOTE Registrated Agont signature required when reinistaling) DATE	office or re	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized by the corpo	ration's board of directors. I hereby accept the appointment	as registered
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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 eath; that I am a	indicated	on this annual report or supplemen	ital annual report is true and acc	curate and that my signa	ature shall have the same legal effect as if made under oath;	that I am an
officer or director of the corporation of 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	officer or of Block 12 of	director of the corporation or the re or Block 13 if changed, or on an att	coiver or trustee empowered to lachment with an address	execute this report as re	equired by Chapter 607, Florida Statutes; and that my name a	appears in