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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084106 (8)

WEST PARK APARTMENTS, INC. Principal Place of Business Mailing Address 012 HIGHLAND AVENUE 912 HIGHLAND AVENUE **DRIANDO FL 32803** ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2a. Mailing Address 2. Principal Place of Business Applied For 59-3476061 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing* 28 Trust Fund Contribution Added to Fees 23 Zip Country Country a. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BASQUE, JAMES F 1637 EAST VINE STREET STE. E 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34744 83 B4 City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typod or ported name of registered agent and blir if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ DELETE Change X Addition 1.1 THLE TITEF A. Wayne Rich 1.2 NAME NAME 912 N. Highland Avenue 1.3 STREET ADDRESS STREET ADDRESS Orlando, Florida 32803 1.4 CHY-ST-ZIP CITY-ST-ZIP Change ___ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP ___ Addition DELETE Change 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. 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 with an address.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 701LE

6.2 NAME

mounde

DELETE

Addition

600002510496 -05/05/38--01032--004

***150.00

1/02/00

FILED

May 05 1998 8:00am

Secretary of State