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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101398

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 022 ***150.00

| 23 WEST CORP. | | | | | | l | | | | | | |
|---|--|----------------------|---------------------|--------------------|----------------|-------------|---|--|--------------------|---------------------|--------------------|-----|
| Principal Place of Business Mailing Address | | | | | | | | IC 04141 11011 08 | | | D) (015 1981 | |
| 288-Z SMITH SUNDY ROAD 288-Z SMITH SUNDY ROAD | | | | | | | | | | | | |
| DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | | 3. Date Incorporated or Qualifed | | | | | l |
| | | | | | | 1 | 12/02/1997 | | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | | | | | ed For | _ | |
| 21 | | 26 | | | | APPLIED FOR | | Not Applicable | | | | |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| 22 | | 27 | | | | | | | | | | |
| City & State | • | City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Zip | Country | 28 Zin | Zip Country | | | | 8. This corporation owes the curre | ent vear Inta | | 60 10 1 | | İ |
| | 25 | 29 30 | | | | | Personal Property Tax. | —————————————————————————————————————— | | | | |
| 24 | 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New R | egistered A | gent | | | |
| | | | | 81 | Name | | | | | | | |
| MOMBACH, GEOFFREY S | | | | 82 Street Addre | | | ess (P.O. Box Number is Not Acceptable) | | | | | |
| 500 (| EAST BROWARD BOULEVARD | | | | | riadio. | Address (F.O. Box Number is Not Acceptable) | | | _ | | |
| | E 1950 | | | 83 | | | | | | | | |
| FOR | r Lauderdale FL 33394 | | | 84 | City | | | | 85 2 | Zip Co | | 1 |
| | | | | | | | | FL | | | |] |
| 11. Pursuant | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 607.1508, Flori | ida Statutes, the a | abov | e-named | corpor | ration submits this statement for the | purpose of c t the appoin | hangine tment a | g its re s regis | gistered stered | |
| agent. I ar | egistered agent, or both, in the State of in familiar with, and accept the obligation | ons of, Section 607. | 0505, Florida Sta | tutes | | o auqu | as source of directors. Thereby accept | сию арран | | | | |
| SIGNATURE | | | | | | | | | | | | 1 |
| | Signature, typed or printed name of registered agent | | (NOTE: Registere | | nt signature r | required v | when reinstating) ADDITIONS/CHANGES TO OFF | DATE ANI | DIRE | CTOR | S IN 12 | 3 |
| 12. | OFFICERS AND | | ELETE 1.1 T | | | | ABBITIONS/OFFATOES TO ST | TOLINO / WIL | ☐ Char | | Addition | ; |
| TITLE | | | | 12 NAME | | ļ | | | | • | | |
| NAME | WOLF, STEVEN | | | 1.3 STREET ADDRESS | | | | | | | | |
| STREET ADDRESS | 288-Z SMITH SUNDY ROAD | | | 1.4 CITY-ST-ZIP | | | | | | | |] } |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 D | | | 1 TITLE | | | | | ☐ Char | nge | Addition | 13 |
| NAME | SIEMENS, RICHARD MR | ADD MD: | | 2.2 NAME | | - | ٠.٠٠ | | | | | 1 |
| STREET ADDRESS | SIEMENS, NICHARD WIN | | | 2.3 STREET ADDRESS | | | | • | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | | 2.4 CITY+ST+ZIP | | | | | | | | |
| TITLE | | | I.1 TITLE | | | | | Chai | nge | Addition Addition | | |
| NAME | 3. | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 3.3 5 | TREE | TADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CITY-S | ST-ZIP | | <u> </u> | | | | | 1 |
| TITLE | DELETE 4.17 | | 1 TILE | | | | | Chai | nge | Addition | - | |
| NAME | | | | | 2 NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 5 | STREE | T ADDRESS | | | | | | | Ì |
| CITY-ST-ZIP | | | | CITY-S | T-ZIP | ļ. <u>.</u> | | | C Char | | ☐ Addition | { |
| TITLE | TOTAL CONTRACTOR CONTRACTOR | | | ITLE | | | | | Cha | nge | ☐ Addition | |
| NAME (| าไฟฟ้าเซานิคที่ได้การทำการ ทางร | | | WWE | T + DD==^* | | | | | | | |
| STREET ADDRESS | The GRAP TO STATE CONTROL OF THE STATE OF TH | | | | TADORESS | | | | | | | |
| 011 0112 | | <u> </u> | | TITLE | 11-ZIP | - | | | ☐ Cha | nge | Addition | 1 |
| } | <u>अन्त्रः</u> ६ वर्षः वी | | | VAME | | | | | | ··gv | | |
| NAME | ı | | | | T ADDDESS | | | | | | | |
| STREET ADDRESS | | | 6.3 8 | IKEE | TADDRESS |] | | | | | | 1 |

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 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, profit an address, with all other like empowered.

SIGNATURE:

6/99 561-498-5600