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 # P97000104099 (1)

WESTLAKE DEVELOPMENT CORPORATION

Principal Place of Business

235 S. MAITLAND AVE., SUITE 216

Mailing Address

235 S. MAITLAND AVE., SUITE 216 MAITLAND FL 32751

FILED May 11 1998 8:00am Secretary of State



WATERIO TE 02/51		MATERIAL TE SERVI		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/10/1997	
2. Principal Pi	ace of Business	2a. Mailing Address	Δ.	4, FEI Number	Applied For
21 399	_WIGT State Rol43.	26 1399 Wes	r State Rdy	31	Not Applicable
Sulte, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	.	6. Election Campaign Financing	\$5.00 May Be
23 Lange	spod FL	28 Longwood	<u> </u>	Trust Fund Contribution :	Added to Fees
Zip /	Country	1 20 J	Country	8. This corporation owes or has paid the cur	
24 3275	0 25 U.S.A 9 Name and Address of Current	29 32750 3	o <u>usa</u>	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
14/4		negistered Agent	B1 Name	IV. Harrie and Address of New Insgistered	-Bour
WALKER, BERRY J JR.					
235 S. MAITLAND AVE., SUITE 216 MAITLAND FL 32751			B2 Street A	Address (P.O. Box Number is Not Acceptable)	÷
. MA	HEMMO EF 25131		83		
•			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 egent, 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	Stonaure, typed or productive in registered agent	(NOTE: If NOTE: If	Rogistered Agent signature i	required when reinstating) DA't:	-1/10
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	DELETE	, 1.1 TITLE	President	Change Addition
NAME	WALKER, BERRY J JR.		1.2 NAME	Shane Murray 1399 west State Rd 434	
STREET ADDRESS	235 S. MAITLAND AVE., SUITE	216	1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	Longwood F2 32750	
TITLE		☐ DELETE	2.1 TITLE	Vice President,	Change Addition
NAME			2.2 NAME	Mario Pricto	
STREET ADDRESS			2.3 STREET ADDRESS	1399 West State Rd. 43	4
CITY-ST-ZIP			2. 4 CITY - \$1 - 2IP	Longwood, FZ 32750	
TITLE		L.) DELETE	3.1 TITLE	Secretary Tressurer	Change Addition
NAME			3.2 NAME	Ven Buttera	
STREET ADDRESS			3.3 STREET ADDRESS	15.1	
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	Longwood, FL 32750	1 2 2
TITLE		☐ DELETE	. 4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T beleve	4.4 CITY-ST-ZIP		Donne Dagger
TITLE		[] DELETE	\$.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		D BELETE	5.4 CHY-ST-ZIP		Change I Addition
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	3		6.3 \$1REET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0.000 Ava 05/000 Et 10 00 Ava 05/000	
Indicated of officer or of the officer or of	on this annual report or supplemental :	annual report is true and accur rer or trustee empowered to ex	rate and that my sior	of in Section 119.07(3)(i), Florida Statutes. I further or nature shall have the same legal effect as if made un required by Chapter 607, Florida Statules; and that i	ider oath: that I am an