

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 # P97000107988 (2)

1. Corporation Name

WEST PINES ASSOCIATES, INC.

Principal Place of Business

1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL 33316

Mailing Address

1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL 33316

FILED

98 MAY 19 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 12000 Biscayne Blvd.

26 12000 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 810

27 810

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33181

25 USA

29 33181

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COKER, RICHARD G  
1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL 33316

81 Name

R. Scott Ireland

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Ireland Companies

83

12000 Biscayne Blvd., #810

84 City

Miami

FL

85 Zip Code  
33181

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]*  
Signature, typed or printed name of registered agent and title, if applicable

R. SCOTT IRELAND

4-15-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME IRELAND, R. SCOTT  
STREET ADDRESS 12000 BISCAYNE BOULEVARD, PENTHOUSE 810  
CITY-ST-ZIP MIAMI FL 33181

TITLE SD ☐ DELETE  
NAME IRELAND, LOU  
STREET ADDRESS 12000 BISCAYNE BOULEVARD #810  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
100002548761-1  
-06/05/98--01062--001  
\*\*\*5550.00 \*\*\*150.00

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 4-15-98 305-891-6801

CR2E034 (10/97)