

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

PROFESSIONAL CORPORATION
ANNUAL REPORT
1999
FLORIDA DEPARTMENT OF STATE
K... is
Secretary of
DIVISION OF CORPORATIONS

FILED

00 FEB 14 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

DOCUMENT # P98000013214

1. Corporation Name

WEST city M. SO., Inc.

Principal Place of Business

40 CAREY KRAMER CO.
3265 MERIDIAN PKWY.
STE. 300
WESTON, FL 33331

Mailing Address

40 CAREY KRAMER CO.
3265 MERIDIAN PKWY.
STE. 100
WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/10/98

4. FEI Number

65-0812863

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

KENNETH H. SIMIGRAN

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

1840 N. COMMERCE PKWY.

83

STE 3

84 City

WESTON

FL

85 Zip Code

33326

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/00

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

200003140872--5
-02/21/00--01023--023

****308.75 ****308.75

Change Addition

Change Addition

Change Addition

Change Addition

LS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/00

Daytime Phone #

954-389-7422

CR2E034 (11/98)

2

CareyKramer
C O M P A N Y

Real Estate Financing, Sales and Servicing

February 4, 2000

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: West City M. SQ., Inc.
Document No. P98000013214

Dear Sir/Madam:

We request a waiver of the \$400 late fee in connection with the filing of the 1999 Annual Report for the above-referenced corporation because we relocated our offices on October 16, 1999 and the Annual Report form was not forwarded by the post office.

Thank you for your assistance with this request.

Sincerely,


Kenneth H. Simigran
President

Enclosures