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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800036662

1. Corpo ation Name

WEST LAKE INVESTMENTS INC

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90170 004 ***150.00

| WEG; Er | THE THEOTHER TO, THO | | | | | |
|--|---|---------------------------|---------------------|---------------|---------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | t toditebet tie soldt totit optit optit optit optie etter etter etter etter totie inde |
| 1581 W TERRA MAR DR. 1581 W TERRA 1 POMPANO BEACH FL 33062 POMPANO BEAC | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualifed 04/22/1998 |
| Principal Place of Business 2a. Mailing Add | | | dress | | | 4, FEI Number - Applied For |
| 21 | -A M.E | 26 | 26 5'A ME | | | APPLIED FOR Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, | 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 |
| · | e | — · | 28 | | | 6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees |
| Zip | Co. ntry | Zip | Co | untry | | 8. This corporation owes the current year intangible |
| 24 | 25 | 29 | 30 | | | Persc nal Property Tax. |
| | 9. Name and Address of Curr | | | T | | 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | |
| | t, leo a . W terra mar dr. | | | 82 | Street # c | ddress (P.O. Bc x Number is Not Acceptable) |
| | PANO BEACH FL 33062 | | | 20 | | |
| POM | PANU BEAUTI FL 33002 | | | 83 | | |
| | | | | 84 | City | F:L 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florid | la Statutes, the | above d by | e-named co the corpora | orporation submits this statement for the purpose of changing its registered atign's board of directors. I hereby accept the appointment as registered |
| agent la | m familiar with, and accept the obli | gations of, Section 607.0 | 505, Florida Sta | tutes |) | Jak |
| SIGNATURE | LEO A | HOLT | / | <u> </u> | <u>04)</u> | vured when reinstatin() DATE |
| | Signature, typed or printed r ame of registered a | <u> </u> | (NO FE: Registere | _ | nt signature re p | (urred when reinstating) ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | | AND DIRECTORS | | ITLE | T | Change Addition |
| TITLE | PSTD A | | | VAME | Į | |
| NAME | HOLT, LEO A 1581 W TERRA MAR DR. | | | | TADORESS | ì |
| STREET ADDRESS | POMPANO BEACH FL 33062 | , | | OTY-S | i | |
| CITY-ST-ZIP TITLE | POMPANO DEACHT PL 33002 | DE | | TILE | 1-211 | ☐ Change ☐ Addition |
| NAME | | _ |) | NAME | | |
| - STREET ADDR :93: | | your | LI . | | FADDRESS | - ·· |
| CITY-ST-ZIP | | | 1 | - CITY-8 | | |
| TITLE | <u> </u> | □ DE | | TITLE | | Change Addition |
| NAME | | | 3.21 | AME | | |
| STREET ADDR ESS | | | 3.3 \$ | TREE | TADDRESS | |
| CITY-ST-ZIP | | | 3.4. | CITY-S | ST-ZIP | |
| TITLE | | ☐ DE | LETE 4.11 | TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 | NAME | | |
| STREET ADDRESS | | | 435 | TREE | T ADORESS | |
| CITY-ST-ZIP | | | 4.4 (| CiTY-S | T-ZIP | |
| TITLE | | □ DE | LETE 5.11 | TILE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 1 | NAME | | |
| STREET ADDRESS | | | 533 | STREE | TADDRESS | |
| CITY-ST-ZIP | | | | CITY-S | T-ZIP | |
| TITLE | | ☐ DE | LETE 6.11 | TITLE | | Change Addition |
| NAME | | | 621 | NAME | | |
| STREET ADDRESS | | | 638 | TREE | TADDRESS | |
| CITY-ST-ZIP | | | 6.4 (| 2-YTK | T-ZIP | |

14. I heret y certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0; (3)(i), Florida Statutes. I further pertify 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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HO CT LEO