PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000038835

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90093 037 ***150.00

WESTLAND CENTER, INC.					r annun ar eine betre teine Belli Eblir	180 (180 (1815) (83 8)	(MB) \$116 (\$2)	
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Principal Place of Business Mailing Address						I INCRESE COM CONTRACTOR AND	ifft finds i Brat reiff	ALLER GLAS SEEL
8917 WESTERN WAY SUITE 6 JACKSONVILLE FL 32256 SUITE 6 JACKSONVILLE FL 32256 SUITE 6 JACKSONVILLE FL 32256				·		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 04/29/1998	•	.
Principal Place of Business Za. Mailing Address						4 FEI Number	Apı	olied For
21	(GOO O. C.1311.000)	26				59-3514334		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	9	City & State			· - · · · · · · · · · · · · · · · · · · ·	8. Election Campaign Financing	\$5.00 Added t	
23		Zip Country			Trust Fund Contribution		o rees	
Zip		Zip	30			8: This corporation owes the current year intengible Personal Property Tax. Yes No		
24			1001			10. Name and Address of New Register	ed Agent	
				81	Name			
1 11 11 11 11 11 11 11 11 11 11 11 11 1			į	B2 Street Addres		ss (P.O. Box Number Is Not Acceptable)		•
1	Country [25] 9. Name and Address of Current F ISON, KARL B JR. 1. LAURA STREET TE 2800 KSONVILLE FL 32202 to the provisions of Sections 607.0502 a registered agent, or both, in the State of rm familiar with, and accept the obligation Signifum typed or printed name of registered agent a OFFICERS AND D COLEY, W. ALEX		}	83				
JACKSONVILLE FL 32202].	84	City	as Zip Code		
				1	•	F	iL 1 1 '	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu of Florida. Such change was	tes, the ab authorized	by t	-named corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changing its pointment as rec	registered jistered
,	m familiar with, and accept the obligati	ions of, Section 607.0505, Fig	onda Statu	ies.	•			(
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent	signature required v			
12.		DORECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
TITLE	D	☐ DELETE	१.१ सार				[] Cuande	
NAME			1.2 NAX					T Addition
STREET ADDRESS					ADDRESS			5
CITY-ST-ZIP					T-Z0P		Change	Addition
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NAME	·		P		ADDRESS			
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NAME		_	3.2 NA	ME				
STREET ADDRESS			3.3 STF	REET.	ADDRESS	<u> </u>		
CITY-ST-ZIP			3.4. CI1	TY-S1	T-ZIP			
TILE		☐ DELETE	4.1 TTI	LE			Change	☐ Addition
NAME			4. 2 NA	ME	j	•		.
STREET ADDRESS			4.3 STP	REET .	ADDRESS			}
C/TY-ST-ZIP			4.4 CF	Y-ST	7-739			C*** A 4 (14 1
TITLE .								Addition i
	and the second	☐ DELETE	5.1 1911		•		Change	
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NAME STREET ADDRESS	Flater.	☐ DÉLETE	5.2 NAI 5.3 STF	ME REET	ADDRESS		☐ Change	
1 " L+"	ಕ್ಷೇತ್ರಕ್ಕ		5.2 NAM 5.3 STF 5.4 CT	ME REET Y-ST				
STREET ADDRESS	Flater.	☐ DELETE	5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITE	REET Y-ST			☐ Change	Addition
STREET ADDRESS CITY-ST-ZP.	Flater.		5.2 NAI 5.3 STF 5.4 CT 6.1 TITE 8.2 NAI	ME REET Y-ST LE ME				

CTTY-ST-ZP 14. I hereby cartify 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:



363-922