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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90076 036 ***150.00

DOC	UMENT#	P98	00004	5428

1. Corporation Name WESTCOTT ADMINISTRATION COMP	ANY		
Principal Place of Business	Mailing Address		
1107 79TH ST NW	1107 79TH ST NW BRADENTON FL 34209		
BRADENTON FL 34209	DUWDENION LE 24503		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 05/18/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 10627 CHEVAL PL	26 10627 CHE	VAL PL	(05-08370 Z4 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional Fee Required
City & State 23 BRADENTON, FL	28 BRADENTO	JN, FL	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 34202 25 USA	29 34 20 2 30	USA	Personal Property Tax.
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
COTTEDUAN ICUM D		81 Name	•
COTTERMAN, JOHN R		82 Street A	ddress (P.O. Box Number is Not Acceptable
1107 79TH ST NW			627 CHEVAL YL
BRADENTON FL 34209		83	
		84 90 O	DOSNTON FL 85 24202
14 Pursuant to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the above-named c	omporation submits this statement for the numose of changing its registered
affine or conjectored agent or both in the State of	Florida Such change was allin	lanzen hvime camar	ration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligation	STTS RMAN	a Statutes.	1/10/99
SIGNATURE Signature, typed or printed name of registered agent a		egistered Agent signature in	quired when reinstating) DATE
12. OFFICERS AND		18	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1.1 TITLE	DRESIDENT Change Addition
NAME		1.2 NAME	JOHN R. COTTERMAN
STREET ADDRESS		1.3 STREET ADDRESS	10627 CHSVAL PL.
CITY-ST-ZIP		1.4 C/TY-ST-ZIP	BRADSNITONI, FL 34202
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	•
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	•
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition

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 of 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 each attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ OELETE

Addition

Change