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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P98000047507

1. Corporation Name

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90046 016 \*\*\*150.00

WEST VILLAGE, INC.										
Principal Place			ng Address							
518 BANYAN BLVD W. PALM BEACH FL 33401 S18 BANYAN BLVD W. PALM BEACH FL 33401				1			DO NOT WRITE	E IN THIS S	PACE	
	•						3. Date Incorporated or Qualifed			
							05/26/1998			
2. Principal P	Place of Business	2a. M	lailing Address		•		4 FEI Number	<b>7.</b>	Ap	plied For
21	· · · · · · · · · · · · · · · · · · ·	26					65-0874259	1		t Applicable
Suite, Apt.	#, etc.	27 S	uite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Stat	le	c	ity & State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	<del>  </del>	ìp		untry		8. This corporation owes the curre		ngible □Yes	□No
24	25 9. Name and Address of Curr	29	red Agent	30	1		Personal Property Tax.  10. Name and Address of New Ro			
	y, Name and Address of Curr	ent Register	ien väenr		81	Name	10. Hante and Address of How A	- <del>g</del>		
	NING, LAWRENCE				82	Stroot Addre	ess (P.O. Box Number is Not Acceptat	nle)		
	BANYAN BLVD					Ou cel Addic	335 (1 .O. BOX 11.11.100 .D .T			
W. P	PALM BEACH FL 33401				83					
			•		84	City	· .		85 Zip (	Code
			1500 El	41			and a submitted this statement for the s	FL.	hanging ite	registered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida.	Such change was a	authorized	d by t	the comoration	pration submits this statement for the p n's board of directors. I hereby accept	the appoint	ment as re	gistered
agent. i a	im familiar with, and accept the oblig	igations of, Si	ection 607.0505, Fit	onda Stati	utes.	•				ľ
agent. I a		_		onda Stati		•	Lubon minetaling)	DATE		
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	Signature, typed or printed name of registered a	_	oplicable. (NOT	onda Stati	d Agent	•	when reinstating)  ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
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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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: