**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000048213

WEST END MANAGEMENT COMPANY. INC.

Principal Place of Business Mailing Address 2716 REW CIR., SUITE 012 2716 REW CIR., SUITE 012 OCOEE FL 34761 OCOEE FL 34761 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/29/1998 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WRIGHT, LYNN W Street Address (P.O. Box Number is Not Acceptable) 2716 REW CIR., SUITE 012 **OCOEE FL 34761** 85 Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE 12 NAME CR2E034 NAME WRIGHT, LYNN W 2716 REW CIR., SUITE 012 1.3 STREET ADDRES STREET ADDRESS **OCOEE FL 34761** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY- 5T-ZIP CITY-ST-ZP Change Addition DELETE 31 DD F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CTTY - ST- ZIP CITY-ST-ZP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 ITTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME

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 cath; that I am an officer or director of the corporation or the fisceivage of implies 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 attackness with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

ENGRATURE AND TYPED OF PRINTED HAVE OF BIGNING OFFICER OR DESECTOR

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90073 046 \*\*\*150.00

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