PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90046 048 ***150.00

DOCUMENT # P9800050702									
1. Corporation Name WESTLAKE MANOR PARTNERS, INC.						`			
WESTLA	NE MINION FANTINENS, INC	•				1 10011007 HA 10101 10111 00112 B	1 81 11 211 1216 1 1	1881 1881	B)
Principal Plac	e of Business	Mailing Address				I (Bållåbr tim tålbr fåltt ådtir a	UIIC B u iri Buru i		0(10)(B1 }601
735 NORTH THORNTON AVENUE 735 NORTH THORNTON AVENUE									
ORLANDO FL 32803 ORLANDO FL 32803						DO NOT WR	ITE IN TUIC	CDACE	
					}	3. Date Incorporated or Qualifed		3FACE	
į					İ	06/05/1998	•		-
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		X App	olied For
21		26	_					Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
22 27									quired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	· .
23		Zip	Countr	.,		Trust Fund Contribution		Added to	rees
Zip	Country		Country	у		This corporation owes the cur Personal Property Tax.	rent year int		□No
24	9. Name and Address of Current		<u>ال</u>]	10. Name and Address of New	Registered		
	9. Name and Address of Current	Registered Agent	81	Name			_	-0	
CORPORATION SERVICE COMPANY 82 Street A					<u>nia</u>	Piermont	habla\		
1201 HAYS STREET				739	Adares 5 No	s (P.O. Box Number is Not Accept orth Thornton A	venue		
TALLAHASSEE FL 32301-2525						• • •			
}				4 City				es Zin C	`ode
					ando	o :	FL	, °° 328	ზვ
11. Pursuant	to the povisions of Sections 607.0502 egistered agent, or both, in the State of m fargiliar with, and assent the obligation	and 607.1508 Florida Statutes	the abov	/e-named	corpor	ation submits this statement for the	purpose of	changing its	registered
office or r	egister of agent, or both, in the State of m familiar with, and assent the obligation	f Florida. Such change was auti ons of, Section 607.0505, Florid	norized by a Statute	y tne corpo s.	oration	s board of directors. I hereby acce	thr rue abboi		JISIEI BU
SIGNATURE	DIL SULIN	NA Sunia	Pier	mont	, P	resident	2/6	2/9	1 \
SIGNATIONS	Signature, typed or printed name of registered agent			ent signature r	equired w	hen reinstating)	PATE	Z	20.101.42
12.	OFFICERS AND	DIRECTORS DELETE	13.		- /-	ADDITIONS/CHANGES TO O	-FICERS AN	Change	X Addition
TITLE		I DELETE	1.1 TITLE		-	D <u>i</u> 1		only	(A) / (
NAME			1.2 NAME		Su	nia Piermont 5 North Thornto	n Ave	niie	`
STREET ADDRESS						lando, FL 32803			
CITY-ST-ZIP				2.1 TITLE		rando, re decou	•	Change	Addition
TITLE				2.2 NAME					_
NAME STREET ADDRESS				T ADDRESS					
1			l.	2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE			•	3.1 TITLE				Change	Addition
NAME			3.2 NAME						Į
STREET ADDRESS			3.3 STREE	ET ADDRESS					}
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	ļ	_			
TITLE		☐ DELETE 4.11		4.1 TITLE		-		☐ Change	☐ Addition
NAME			4. 2 NAME	<u> </u>					ļ
STREET ADDRESS			4.3 STREI	ET ADDRESS					j
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME		Ì				
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		D Science	5.4 CITY- 6.1 TITLE		-			Change	Addition
TITLE	\	☐ DELETE	6.2 NAME		-			Chanda	ا العقادي ا

14. 1 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 life receive or trustee empowered to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

2/2/99

(407)228-4645 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

DEFICER OR DIRECTOR