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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000086296

1. Corporation Name

WESTERFIELD ENTERPRISES, INC.

Principal Place of Business
13749 76TH TERR N

Mailing Address

## Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90006 031 \*\*\*150.00



13749 76TH TEI SEMINOLE FL 3		13749 76TH TERR N SEMINOLE FL 33776			DO NOT WRITE IN THI	S SPACE		
					Date Incorporated or Qualified     10/07/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3540439		Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.7	5 Additional	
22 -	27				5. Certificate of Status Desired	. Fee.	Required	
City & State	9	City & State			6. Election Campaign Financing		May Be	
23	**************************************	28			Trust Fund Contribution		d to Fees	
Zip 24	Country 25	Zip <b>30</b>	Country	, 	This corporation owes the current year li     Personal Property Tax.	ntangible <b>HAMA</b>	IX(No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	d Agent		
			81	Name			Į	
HENCOSKI, BECKY 13749 76TH TERR N				Street Add	treet Address (P.O. Box Number is Not Acceptable)			
	NOLE FL 33776		83					
			84	City	F	85 Z	ip Code	
					poration submits this statement for the purpose of	_   _		
SIGNATURE	Signature, typed or printed name of registered as	pations of, Section 607.0505, Florida pent and title if applicable. (NOTE: Rec			ed when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE			Chanq	ge 🗌 Addition	
NAME	HENCOSKI, JOSEPH A	1.2 NA 1.3 ST						
STREET ADDRESS	13749 76TH TERR N			TADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33776		1.4 CITY-S	ST-ZIP				
TITLE			2.1 TITLE			Chang	ge 🔲 Addition	
NAME	T		2.2 NAME					
STREET ADDRESS	AREA BATH TERR H		2.3 STRÉE	T ADDRESS				
_CITY-ST-ZIP	SEMINOLE FL 33776		2.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		-	
TITLE	02022.12.007.0	☐ DELETE	3.1 TITLE			Chang	ge 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS	· * 1/4 m			T ADDRESS				
		•	3.4. CITY-5				1	
CITY-ST-ZIP TITLE		☐ DELÉTE	4.1 TITLE	51 ER		☐ Chan	ge Addition	
NAME		_ :-	4. 2 NAME					
				T ADDRESS				
STREET ADDRESS			4.4 CITY-S				į	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-ZIP		Chan	ge Addition	
TITLE		the Detect	5.2 NAME					
NAME				T ADDRESS			1	
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP	***************************************	☐ DELETE	6.1 TITLE	31°41F		☐ Chan	ge Addition	
TITLE		Fi pereie	6.2 NAME					
NAME				T 40000000				
STREET ADDRESS	18.100 TAIL		6.3 STREE	TADDRE\$\$				
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: