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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S21332

1. Corporation Name

WESTGATE PRINTING & GRAPHIC DESIGN, INC.

Principal Place of Business

1520 N.W. 65TH AVENUE
SUITE 3
PLANTATION FL 33313

Mailing Address

1520 N.W. 65TH AVENUE
SUITE 3
PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1991

4. FEI Number

65-0233163

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HACKETT, W R
6289 W SUNRISE BLVD
FT LAUD FL 33313

10. Name and Address of New Registered Agent

LAURENCE I. BLAIR
2021 Tyler Street
Hollywood FL 33022-9010

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: *Laurence I. Blair***LAURENCE I. BLAIR**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	HJELMEIR, F M	
STREET ADDRESS	7250 NW 6TH ST	
CITY-STATE-ZIP	PLANTATION FL 33317	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	HJELMEIR, RANDY W.	
STREET ADDRESS	7250 NW 6TH ST	
CITY-STATE-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	DVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HJELMEIR, BEVERLY E.	
2.3 STREET ADDRESS	7250 NW 6th Street	
2.4 CITY-STATE-ZIP	Plantation, FL 33317	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HJELMEIR, CHRISTOPHER A.	
3.3 STREET ADDRESS	4321-NE-13th Avenue	
3.4 CITY-STATE-ZIP	Oakland Park, FL 33334	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

SIGNATURE: *Fred M Hjelmeir*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred M Hjelmeir
President

Date

4-16-99

Daytime Phone #

954-583-0741

CR2E034 (11/98)