

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
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DOCUMENT # **S59059**

1. Corporation Name

WESTBURY PALISADES, INC.

Principal Place of Business

2200 GORDON DRIVE
NAPLES FL 34102
US

Mailing Address

2200 GORDON DRIVE
NAPLES FL 33940

FILED
99 JAN 13 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0406529	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25		30	Country		

9. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 S ORANGE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROOTE, MICHAEL H.	1.2 NAME	
STREET ADDRESS	1100 BURLOAK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ONT, CA	1.4 CITY-ST-ZIP	L7L6B2
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKARUK, JERRY	2.2 NAME	
STREET ADDRESS	1100 BURLOAK DRIVE	2.3 STREET ADDRESS	800002747799--2
CITY-ST-ZIP	BURLINGTON, ONT	2.4 CITY-ST-ZIP	-01/20/99-01061--020
TITLE	DV	3.1 TITLE	****150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROOTE, GARY W	3.2 NAME	
STREET ADDRESS	1455 LAKESHORE RD. STE. 201N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ONTARIO	3.4 CITY-ST-ZIP	L7S251
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCHAK, FRED	4.2 NAME	
STREET ADDRESS	11 VICTORIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON HM EX BE	4.4 CITY-ST-ZIP	BERMUDA
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, DAVID N	5.2 NAME	
STREET ADDRESS	1167 THIRD STREET, S	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

JERRY PEKARUK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

941-262-3214
Daytime Phone #

CR2E034 (1/198)

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