

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>S65028</i>			
1. Corporation Name <i>Florida West Ventures, Inc</i>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	<i>PO Box 23389</i>	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	<i>Columbia, SC</i>	28	
Zip	Country	Zip	Country
24	<i>29224</i>	25	
29		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
<i>7/12/91</i>			
4. FEI Number		Applied For	
<i>57-0936976</i>		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>Donald E. Yates</i> <i>402 Appulouth Lane</i> <i>Key West, Fla 33040</i>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <i>FL</i> 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			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	<i>Henry Bentley</i>		
CITY-ST-ZIP	<i>2210 Decker Blvd</i>		
	<i>Columbia, SC</i>		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	<i>Richard Brade</i>		
CITY-ST-ZIP	<i>2210 Decker Blvd</i>		
	<i>Columbia, SC</i>		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS	<i>70000175.1787</i> <i>-03/21/96--01003--016</i> <i>***200.00</i>		
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.			
SIGNATURE: <i>H B K</i> <i>3/15/96</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (12/95)