

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mentham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:35

DOCUMENT # **S76264** (8)
1. Corporation Name
WESTLANDS CORPORATION

Principal Place of Business Mailing Address
1600 NORFOLK STREET SUITE 200 ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/28/1991** 3a. Date of Last Report **07/15/1994**
4. FEI Number **59-3081197** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **13812 SPOONBILL LANE** 26 **13812 SPOONBILL LANE**
22 Suite, Apt. #, etc. **-** 27 **-**
23 City & State **CLEARWATER FLORIDA** 28 **CLEARWATER FLORIDA**
24 Zip **34622** 25 Country **USA** 29 **34622** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**COWEN, DIANA R.
1600 NORFOLK STREET
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name **COWEN, DIANA R.**
82 Street Address (P.O. Box Number is Not Acceptable) **13812 SPOONBILL LANE**
83
84 City **CLEARWATER** FL 85 Zip Code **34622**

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 _____ DATE _____
(Signature of Registered Agent, Registered Agent and First Registered Agent) (Date) (Registered Agent Signature Required after Registration) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COWEN, DIANA R.
STREET ADDRESS	1600 NORFOLK STREET
CITY, ST., ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	COWEN, DIANA R.
3. STREET ADDRESS	13812 SPOONBILL LANE
4. CITY, ST., ZIP	CLEARWATER, FLORIDA 34622
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Sections 110.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true, 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 incorporator or organizer of the corporation and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet of similar address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR
DIANA R. COWEN

3/27/95 (813) 573-1152