Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90094 046 ***150.00

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 # \$77355

1. Corporation Name

GROUP WEST, INC.

Mailing Address Principal Place of Business 13024 WATERFORD RUN DR. 13024 WATERFORD RUN DR. RIVERVIEW FL 33569 RIVERVIEW FL 33569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/03/1991 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3085561 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Country Zip Żip □No Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LOWE, DAVID K. Street Address (P.O. Box Number is Not Acceptable) 13024 WATERFORD RUN DR. **RIVERVIEW FL 33569** 83 Zip Code City ons of Sectors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered into or board of directors. I hereby accept the appointment as registered in the state of the original statutes. 11. Pursuant to the pre office or registered ag 116 SIGNATURE stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE LOWE,/DAVID K. 1.2 NAME NAME 13024 WATERFORD RUN DR 1,3 STREET ADDRESS STREET ADDRESS RIVERVIEW FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE TS 22 NAME LOWE, BEVERLY NAME 13024 WATERFORD RUN DR 2.3 STREET ADDRESS STREET ADDRESS RIVERVIEW FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 5:35-1

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 of supplied ental 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 of the ecoiver of under the 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 or an appear of the empowered.

SIGNATURE

PALLE REQUIRED SURFACE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

CR2E034 (11/98)