Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90098 017 ***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 # V36682

1.	WEST CO		IANC	IAL OF SAF	 RASOT/	A, INC.										11411 434 11411 431		
Principal Place of Business Mailing Address												1 (881) 4/10	H IIII BIII BI	EL IEMO HOL DION E		F		
240 SO. PINEAPPLE AVENUE TENTH FLOOR SARASOTA FL 34236						240 SO. PINEAPPLE AVENUE TENTH FLOOR SARASOTA FL 34236					3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
												05/18/1992					İ	
2. Principal Place of Business 2a. Mailing Address											4.	. FEI Number	-			Appl	ied For	
21						26						65-033569	6				Applicable	
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5.	5. Certificate of Status Desired Sa.75 Additional Fee Required						
23	City & State	City & State				City & State				6.	Election Camp Trust Fund Co	-	ing 🗆		.00 M			
24	Zip	Country 25				Zip Co			Country			. This corporation Personal Prop		current year Int	angible Yes	; []No	
9. Name and Address of Curren										10. Name and Address of New R				w Registered	legistered Agent			
									1	Name			•	•				
BAND, DAVID S. 240 SO. PINEAPPLE AVE									2	Street Ad	idress (I	P.O. Box Numb	er is Not Acc	eptable)				
TENTH FLOOR																		
SARASOTA FL 34236									4	City	FL ;							
1	Pursuant to office or re agent. I ar	to the provis egistered ag n familiar wi	ions of ent, or ith, and	Sections 607.0 both, in the Sta accept the obli	502 and te of Flori	607.1508, Flor ida. Such char f, Section 607.	ida Statutes, nge was auth .0505, Florida	the abo orized b a Statute	ve- oy ti	named co he corpora	orporation ation's b	on submits this s loard of director	tatement for s. I hereby a	the purpose of ccept the appoi	changi intment	ng its re as regi	egistered stered	
s	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered								tner	signature regu	uired when	reinstating)		DATE				
1	2.	Signature, typeo	or printe			DIRECTORS (NOTE: NOS			13.			ADDITIONS/CH	ANGES TO	OFFICERS AN	ND DIRI	CTOR	S IN 12	
_	n.e.	D					ELETE	1.1 TITLE	=						Ch	ange	☐ Addition	
N/A	ME	BAND, D	AVID S	S .				1.2 NAME	E	1								
ST	TREET ADDRESS 240 S PINEAPPLE AVE					1.3			1.3 STREET ADDRESS									
cr	CITY-ST-ZIP SARASOTA FL								1.4 CITY-ST-ZIP									
ТГ	TLE	D					DELETE	2.1 TITLE	•			'			☐ Ch	ange	Addition	
N/	AME	1 - 12 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							2.2 NAME									
ST	TREET ADDRESS 222 BEACH ROAD, #2								2.3 STREET ADDRESS									
-	TY-ST-ZIP	SARASO	<u>ta fl</u>					2. 4 CITY		-ZIP	<u> </u>		veru -	-	□Ch	anne	Addition	
	TLE }						DELETE	3.1 TITLE 3.2 NAME								ango		
1	AME						i		_	40000000								
STREET ADDRESS						3.3 STREET ADDRESS 3.4. CITY-ST-ZIP												
-	CITY-ST-ZIP TITLE								4.1 TITLE						☐ Ch	ange	Addition	
NAME									2 NAME					_	-			
1	TREET ADDRESS							4.3 STREET ADDRESS				•						
	TY-ST-ZIP							4.4 CITY-										
-	TLE						DELETE	5.1 TITLE							Ch	ange	Addition	
ı	AMF							5.2 NAME	Ε									

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 an attachment with an address with all other like empowered.

5 3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

David S. Band IREDirector

DELETE

941-366-6660

Addition

☐ Change

CR2E034 (11/98)