## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



1	PROFIT	ELODIDA DEDAD	TMENT	E STATE		$M_{OX} \cap 1 = 1$	007	Q./	1000	_
CODDODATION			PARTMENT OF STATE  a B. Mortham			May 01 1				l
ANNL	ANNUAL REPORT Secretary of State					Secreta	rv of	f <b>C</b> t	ate	
1997 DIVISION OF CORPORATIONS						Scorcia	ry O	LDU	acc	Ż
		(0)								
1. Corporation	MENT # <b>V37351</b>	(6)			-				, j.C	·
WEST RI	VER, INC.									
						1 10011 111003 HILL 10001 HILL 11001	BASA BABA BABA	411 LISH 1		
Principal Place of Business Mailing Address  1171 EDGEWOOD AVE., SO. 1171 EDGEWOOD AVE., SO.							41517 41617 41617	**********		
JACKSONVILLE		1171 EDGEWOOD AVE SO. JACKSONVILLE FL 32205-5372			- 1				1	
US		US			ļ	• Date to assess of a Constitution	Jan Data	of Last Re		
						3. Date incorporated or Qualified 05/15/1992	12/05		aport	٠
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	15700		plied For	4,
21		26				59-3124676			t Applicable	
Suite Apt	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State	1	City & State				6. Election Campaign Financing		\$5.00	<del></del>	1
23		28				Trust Fund Contribution		Added to		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	inlangible ta		199.032,	7
24	25 9, Name and Address of Currer		30			Florida Statutes  0. Name and Address of New Re	Yes 🔲			1
MHL	ER, CHRISTOPHER L			81 Name		<u> </u>		<del></del>		1
	EDGEWOOD AVE., SO.			82 Street	Address	(P.O. Box Number is Not Acceptal	ole)	<del> </del>		┨
JACI	(SONVILLE FL 32205		Į							1
			- {	83						ł
			Ī	B4 City	•		Fi	<b>85</b> Zip (	Code	
11. Pursuant	to the provisions of Sections 607.050	)2 and 607,1508, Florida Statute	s, the ab	ove-named	corpora	tion submits this statement for the	ourpose of cl	nanging its	s registered	1
office or r agent it a	egistered agent, or both, in the State m familiar with, and accept the oblig	± of Florida. Such change was a jations of, Section 607.0505, Flc	iuthorized irida Stati	l by the corp utes.	rporation's	s board of directors. I hereby acce	pt the appoir	itment as i	registered	
SIGNATURE					···					l
12.	Stgcature, typed or purified name of registered agr OFFICERS AN	ent and title if applicable. (NOTE ID DIRECTORS	13.	Agent signature	w Deliupal e	hen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IRECTOR	S IN 12	1
TITLE	D	DELETE	1.1 111	LE				Change	Addition	3
NAME	GRENAMYER, ELIZABETH		1.2 NA							3
STREET ADDRESS	1171 EDGEWOOD AVE., SO. JACKSONVILLE FL 32205			REET ADDRESS						ŭ
City-ST-ZIP TITLE	D	DELETE	1.4 CIT	Y-ST-ZIP LE				Change	Addition	- 6
NAME	MILLER, CHRISTOPHER L		2.2 NA			<b>~</b>				
STHEET ADDRESS	1171 EDGEWOOD AVE., SO.		1	REET ADDRESS						
CITY - ST - 7IP	JACKSONVILLE FL 32205	Torrett		TY-ST-ZIP	<u> </u>	. N.		T 01	6.0.00	_
MALE	D Hall, Frank A.	☐ DELETE	3.1 TIT				L	_  Change	Addition	Ì
NAME Street Address	1171 EDGEWOOD AVE., SO.		3.2 NA	me: Reet address						
CHY-ST-ZIP	JACKSONVILLE FL 32205		L	TY-ST-ZIP						
TITLE		☐ DELETE	4.1 111		*******			Change	☐ Addition	-
NAME			4. 2 N							
STREET ADORESS				REET ADDRESS						
CCTY-ST-ZIP THLE	MATERIAL DESCRIPTION OF THE PROPERTY OF THE PR	DELETE	5.1 TIT	TY-ST-2IP Le	<del> </del>		Г	Change	Addition	+
NAME		Bysad	5.2 NA					· · · · · · · · · · · · · · · · · ·		1
STREET ADDRESS			5.3 ST	REET ADDRESS	}					l
C/1Y - ST - 7/P				Y+ST-ZIP	ļ			T	· —	4
TILLE		DELETE	6.1 TIT		-		L	Change	Addition	-
NAME STREET ADORESS			6.2 NA	me Reet address						
CITY, ST. 7(P				IV. CT. TID	1					

14. If do 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 507, Florida Statutes; and that my pame appears in Block 12 or Block 13 of changed, or on an attachment with an experience.

SIGNATURE:

**FILED**