

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V38970

(2)

1. Corporation Name
WEST ONE, INC.

Principal Place of Business
**6036 14TH STREET WEST
BRADENTON FL 34207**

Mailing Address
**6036 14TH STREET WEST
BRADENTON FL 34207**

**APPROVED
AND
FILED**
95 MAY -1 AM 4:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0335971** Applied For ☐ Not Applicable ☒

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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
ZIP		ZIP	
24		29	
COUNTY		COUNTY	

9. Name and Address of Current Registered Agent

**LIPNER, LARRY
11720 SHERIDAN STREET
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

11. Pursuant to the provisions of Sections 605.01(1)(a) and 605.01(1)(b), 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 provisions of Sections 605.01(1)(a) and 605.01(1)(b), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	D ROSENBLATT, IRA	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	10430 SW 198TH STREET	2. NAME	
CITY, ST, ZIP	MIAMI FL	3. NAME	
STATE	D	4. NAME	☐ Change ☐ Addition
STREET ADDRESS	311 BURR OAK COURT	5. NAME	
CITY, ST, ZIP	DEERFIELD IL	6. NAME	
STATE	D	7. NAME	☐ Change ☐ Addition
NAME	LIPNER, LARRY	8. NAME	
STREET ADDRESS	11720 SHERIDAN ST	9. NAME	
CITY, ST, ZIP	PEMBROKE PINES FL	10. NAME	☐ Change ☐ Addition
STATE		11. NAME	
NAME		12. NAME	
STREET ADDRESS		13. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		14. NAME	
STATE		15. NAME	
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, ST, ZIP		18. NAME	
STATE		19. NAME	☐ Change ☐ Addition
NAME		20. NAME	
STREET ADDRESS		21. NAME	
CITY, ST, ZIP		22. NAME	☐ Change ☐ Addition
STATE		23. NAME	
NAME		24. NAME	
STREET ADDRESS		25. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		26. NAME	
STATE		27. NAME	
NAME		28. NAME	☐ Change ☐ Addition
STREET ADDRESS		29. NAME	
CITY, ST, ZIP		30. NAME	
STATE		31. NAME	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. NAME	
CITY, ST, ZIP		34. NAME	☐ Change ☐ Addition
STATE		35. NAME	
NAME		36. NAME	
STREET ADDRESS		37. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		38. NAME	
STATE		39. NAME	
NAME		40. NAME	☐ Change ☐ Addition
STREET ADDRESS		41. NAME	
CITY, ST, ZIP		42. NAME	
STATE		43. NAME	☐ Change ☐ Addition
NAME		44. NAME	
STREET ADDRESS		45. NAME	
CITY, ST, ZIP		46. NAME	☐ Change ☐ Addition
STATE		47. NAME	
NAME		48. NAME	
STREET ADDRESS		49. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		50. NAME	
STATE		51. NAME	
NAME		52. NAME	☐ Change ☐ Addition
STREET ADDRESS		53. NAME	
CITY, ST, ZIP		54. NAME	
STATE		55. NAME	☐ Change ☐ Addition
NAME		56. NAME	
STREET ADDRESS		57. NAME	
CITY, ST, ZIP		58. NAME	☐ Change ☐ Addition
STATE		59. NAME	
NAME		60. NAME	
STREET ADDRESS		61. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		62. NAME	
STATE		63. NAME	
NAME		64. NAME	☐ Change ☐ Addition
STREET ADDRESS		65. NAME	
CITY, ST, ZIP		66. NAME	
STATE		67. NAME	☐ Change ☐ Addition
NAME		68. NAME	
STREET ADDRESS		69. NAME	
CITY, ST, ZIP		70. NAME	☐ Change ☐ Addition
STATE		71. NAME	
NAME		72. NAME	
STREET ADDRESS		73. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		74. NAME	
STATE		75. NAME	
NAME		76. NAME	☐ Change ☐ Addition
STREET ADDRESS		77. NAME	
CITY, ST, ZIP		78. NAME	
STATE		79. NAME	☐ Change ☐ Addition
NAME		80. NAME	
STREET ADDRESS		81. NAME	
CITY, ST, ZIP		82. NAME	☐ Change ☐ Addition
STATE		83. NAME	
NAME		84. NAME	
STREET ADDRESS		85. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		86. NAME	
STATE		87. NAME	
NAME		88. NAME	☐ Change ☐ Addition
STREET ADDRESS		89. NAME	
CITY, ST, ZIP		90. NAME	
STATE		91. NAME	☐ Change ☐ Addition
NAME		92. NAME	
STREET ADDRESS		93. NAME	
CITY, ST, ZIP		94. NAME	☐ Change ☐ Addition
STATE		95. NAME	
NAME		96. NAME	
STREET ADDRESS		97. NAME	☐ Change ☐ Addition
CITY, ST, ZIP		98. NAME	
STATE		99. NAME	
NAME		100. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 147, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on the statement with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

3/7/95 (813) 739-1667