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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # V52312 Apital, Inc.	2 (8)				
Principal Place of Business Maili		Mailing Address	failing Address		I HABIL BUIDEN BAIAC HOREN HABI HIBID TIDA DABAK CITETE DADAN DIDAL BABAH KIDIN IDAN	
C/O KENNETH W WEST 210 CHINOOK LANE		WEST CAPITAL, INC. 210 CHINOOK LN				
JUPITER FL 33	458	JUPITER FL 33458-7715 US			3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	lace of Business	2a. Mailing Address			07/22/1992 4. FEI Number	03/28/1996 Applied For
21 26		├─·~ ₁			65-0362246	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29	Country	/	8. This corporation has liability for in	
24	25 9. Name and Address of Curr		[30]		10. Name and Address of New Res	
WES	ST, KENNETH W.		81	Name		
210 CHINOOK LANE JUPITER FL 33458			82	Street Add	ress (P.O. Box Number is Not Acceptab	(e)
JUFI	ITEN FE 30400		83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			84	City		FL 85 Zip Code
11. Pursuant I office or ri agent. Lai SIGNATURE	m family with, and accept the obt	502 and 607.1508, Florida Statule of Florida. Such change was gations of, Section 607.0505. F	lorida Statute	S	poration submits this statement for the pition's board of directors. I hereby accepted when reinstating)	urpose of changing its registered the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	The state of the s
TITLE	D	☐ DELETE	1,1 TITLE			Change Addition
NAME	WEST, KENNETH W 210 CHINOOK LANE		1.2 NAME			İ
STREET ADDRESS	JUPITER FL			T ADDRESS		
CITY-ST-ZIP	D	DELETE	1.4 CITY-: 2.1 TITLE	ST-ZIP		Change Addition
NAME	WEST, WILLIAM J		2.2 NAME			
STREET ADDRESS	3815 FAIRWAY DRIVE			T ADDRESS		
CITY-ST-ZIP	CANFIELD OH		2. 4 CiTY-	ST-ZIP	-	
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			İ
STREET ADDRESS			33 STREE	T ADDRESS		1
CITY-ST-ZIP		····	3 4. CITY-	ST-ZIP		
TITLE	-	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY -	ST-ZIP		Change Addition
TITLE		Las occes	5.1 TITLE 5.2 NAME	,	•	C Change C Applicat
NAME STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	į.		
TITLE		DELETE	6.1 TITLE	01 24		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADORESS		
0.71. 01. 7.1.			64000			i

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Feb 04 1997 8:00am

Secretary of State