## PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V52312

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C/O KENNETH W WEST				WEST CAPITAL INC. 210 CHINOOK LN				ĺ					-
210 CHINOOK LANE JUPITER FL 33458				JUPITER FL 33458					DO NOT WRITE IN THIS SPACE				. İ
OFFICE PC SO			US	VIED VE 90400				- 1	3. Date incorporated or Qualifed		<u> </u>		, }
}								•	07/22/1992	· •			١.
2. Principal P	Place of Busin	ness	2a.	Mailing Address					4. FEI Number		<del></del>	plied For	1 :
21			26						65-0362246			nt Applicable	1 1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				İ	5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired	
City & Stat	te	<del>-</del>		City & State	<del></del>				6. Election Campaign Financing		\$5.00	May Be	حبنا
23			28						Trust Fund Contribution		Added	to Fees	
Zip		Country		Zip	Co	untry			8. This corporation owes the curr	ent year Ir	ntangible	_	i .
24		25	29		30				Personal Property Tax.		☐ Yes	□No	,
	9. Name	and Address of Current	Regist	ered Agent		Ι.			10. Name and Address of New F	tegistere	Agent		! !
						81	Name						
	IT, KENNET					82	Street A	Addres	s (P.O. Box Number is Not Accepts	abla)			1
210 CHINOOK LANE												!!	
JUPI	ITER FL 33	458				83							i
						84	City			Fi		Code	
11 Pureuant	to the provis	ions of Sections 607.0502	and 60	7.1508, Florida Stat	utes, the a	above	-named o	COCDOC	ation submits this statement for the	purpose o	f changing its	registered	
													1
office or re	egistered ag	ent, or both, in the State of	f Florida	a. Such change was Section 607.0585. F	authorize	d by t iutes.	the corpo	ration's	's board of directors. I hereby accer	t the appo	ointment 83 re	gisterea	
		ent, or both, in the State of the and accept the obligation	f Florida	a. Such change was Section 607.0585, F	authorize jorida ya	d by the tutes.	the corpor	ration's 	ation submits this statement for the s board of directors. I hereby accep	t the appo	3//99	gistered ,	
office or re agent. I an SIGNATURE	$\vee$	Not printed mame of registered adult it	And little H	epplicable. (NO	TE: Registere	d Agent	2		then reinstating)	DATE	3// 77		38)
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14. I hereby certify that the information supplied with this filling 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 earlie legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered or 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, withall other like empowered.

SIGNATURE:

4-15-99-330-399-1122

**FILED** 

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90074 044 \*\*\*150.00