

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V57981 (5)
1. Corporation Name
TECO WEST INC.



Principal Place of Business 19535 GULF BVD SUITE B INDIAN SHORES FL 34635 US		Mailing Address 19535 GULF BLVD SUITE B INDIAN SHORES FL 34635 US		3. Date Incorporated or Qualified 08/12/1992	3a. Date of Last Report 04/28/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Zip	26. Country
21	22	23	24	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3141390	Applied For Not Applicable
21		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent PAGE, STEVE 19535 GULF BLVD SUITE B INDIAN SHORES FL 34635				10. Name and Address of New Registered Agent			
				81 Name	EVELYN PAGE		
				82 Street Address (P.O. Box Number is Not Acceptable)	19535 GULF BLVD		
				83	STE B		
				84 City	INDIAN SHORES	85 Zip Code FL 34635	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Evelyn Page* **EVELYN PAGE SECRETARY** 4-29-96
Signature typed or printed name of registered agent (State 1 application) (NOTE: Registered Agent signature required when interested)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, STEVE	1.2 NAME	
STREET ADDRESS	19535 GULF BLVD STE. B	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN SHORES FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYER, DIETER H.	2.2 NAME	DREYER, DIETER H.
STREET ADDRESS	19535 GULF BLVD., STE B	2.3 STREET ADDRESS	19535 GULF BLVD, STE B
CITY - ST - ZIP	INDIAN SHORES FL	2.4 CITY - ST - ZIP	INDIAN SHORES FL 34635
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	EVELYN PAGE
STREET ADDRESS		3.3 STREET ADDRESS	19535 GULF BLVD STE B
CITY - ST - ZIP		3.4 CITY - ST - ZIP	INDIAN SHORES FL 34635
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Evelyn Page* **EVELYN PAGE** 4-29-96 (813) 593-9918
Signature typed or printed name of signing officer or director Date Day/Time/Phone #

CR2E034 (12/95)