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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>V710</b> AX WEST, INC.	91 (5)						
Principal Place of Business Mailing Address  8466 N. LOCKWOOD RIDGE ROAD  8466 N. LOCKWOOD RIDGE ROAD					+ 1886: 011011 10001 1107: 03110 7018 			
8466 N. LOCKWOOD RIDGE ROAD SUITE 300 SARASOTA FL 34243		SUITE 300 SARASOTA FL 34243		3. Date Incorporated or Qualified  3a. Date of Last Report				
2 Principal Pi	ace of Business	2a. Mailing Address			10/14/1992 4. FE! Number	. ]	5/01/19	Applied For
1		26			65-0370175		<b>-</b>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	M		5 Additional
Ch. G. Out.		27				F F		e Required
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		-	00 May Be ed to Fees
Zip 	Country 25	Ζιρ <b>29</b>	Gount	ry	8. This corporation has liability for Florida Statutes Yes	intang ble ta		·····
1	9. Name and Address of Cur				10. Name and Address of New F		Agent	
			8	1 Name				
DESENBERG, TREY 8466 N. LOCKWOOD RIDGE ROAD SUITE 300 SARASOTA FL 34243			8	82 Street Address (P.O. Box Number is Not Acceptable)				
			8	3				
			8				·[	
			4   City			<b>8</b> 5 7	ip Code	
fami'iar wi	to the provisions of Sections 607.03 red agent, or both, in the State of Fi ith, and accept the obligations of, S	502 and 607.1508, Florida Stat lorida Such change was autho ection 607.0505, Florida Statut	utes, the above	,	ration submits this statement for the pured of directors. Thereby accept the app	FL glose of ch ointment as	anging its registered	registered office d agent 1 ani
familiar wi SIGNATURE 12.	th, and accept the obligations of, S  Styrative typed or printed name of registered a  OFFICERS.	ection 607.0505, Florida Statut gent are the Laggidal &	uites, the above rized by the coles.  (NETE: Beginned A)	named corpor poration's boar		rpose of ch cintment as DATE ICERS AND	DIRECTO	ORS IN 12
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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 13 if changed, or on an attachigh int with an address. 3/26/96 941-758-2500 SIGNATURE: OFFICER OR DIRECTOR