

**** Amended ***

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

1

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000068028
 1. Corporation Name
Majestic West, Inc.

FILED
 99 JUN 15 PM 2:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**5811 Pelican Bay Blvd., Suite 208
 Naples, FL 34108**

| | | | | | | | | | |
|--------------------------------|----|---------------------|----|--|----|---|----|---|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 4. FEI Number | | 5. Certificate of Status Desired | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 8-4-98 | | 59-3524812 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | 7. This corporation owes the current year Intangible Personal Property Tax. | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Country | | Zip | | Country | | 8. Name and Address of Current Registered Agent | |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-4-98

4. FEI Number
59-3524812

5. Certificate of Status Desired Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

**Linda A. Lawson
 866 99th Ave. North
 Naples, FL 34108**

10. Name and Address of New Registered Agent

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

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 Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when remaining] DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------|----------------|-------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------|---------|-------------------|----------------|--|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

200002905432

LS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like unpowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

2



ACCOUNT NO. : 072100000032
 REFERENCE : 274648 81894A
 AUTHORIZATION : *Patricia Pujot*
 COST LIMIT : \$ 61.25

ORDER DATE : June 15, 1999
 ORDER TIME : 12:04 PM
 ORDER NO. : 274648-005
 CUSTOMER NO: 81894A
 CUSTOMER: Linda Lawson, Esq
 Linda A. Lawson, Esq
 866 99th Avenue, North
 Naples, FL 33963

ANNUAL REPORT FILING

NAME: MAJESTIC WEST, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mimi Stephens

EXAMINER'S INITIALS:

RECEIVED
 99 JUN 15 PM 1:06
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA