

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769993 (7)
1. Corporation Name
THE WESTSHORE ALLIANCE, INC.



Principal Place of Business: 5445 W. CYPRESS ST. SUITE 101 TAMPA FL 33607 US
Mailing Address: 5445 W. CYPRESS ST. SUITE 101 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 08/25/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 5100 W. Lemon St. Suite, Apt. #, etc.: 22 Suite 305 City & State: 23 Tampa FL Zip: 24 33609 Country: 25
2a. Mailing Address: 26 5100 W. Lemon St. Suite, Apt. #, etc.: 27 Suite 305 City & State: 28 Tampa FL Zip: 29 33609 Country: 30

4. FEI Number: 59-2330147 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: TAUB, THEODORE C. 100 S. ASHLEY DR., #1940 TAMPA FL 33602

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELLER, CHRIS	
STREET ADDRESS	5445 W. CYPRESS ST. #101	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, RICK	
STREET ADDRESS	5445 W. CYPRESS ST. #101	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DEHILLO, MARK	
STREET ADDRESS	5445 W. CYPRESS ST. #101	
CITY-ST-ZIP	TAMPA FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ROTELLA, RONALD T.	
STREET ADDRESS	5445 W. CYPRESS ST. #101	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WESSMAN, JIM	
STREET ADDRESS	5445 W. CYPRESS, STE. 101	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Heller, Chris	
13 STREET ADDRESS	5100 W. Lemon St. #305	
14 CITY-ST-ZIP	Tampa FL 33609	
21 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Cunningham, Rick	
23 STREET ADDRESS	5100 W. Lemon St. #305	
24 CITY-ST-ZIP	Tampa, FL 33609	
31 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DeLillo, Mark	
33 STREET ADDRESS	5100 W. Lemon St. #305	
34 CITY-ST-ZIP	Tampa, FL 33609	
41 TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Rotella, Ronald T.	
43 STREET ADDRESS	5100 W. Lemon St. #305	
44 CITY-ST-ZIP	Tampa, FL 33609	
51 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Wessman, Jim	
53 STREET ADDRESS	5100 W. Lemon St. #305	
54 CITY-ST-ZIP	Tampa, FL 33609	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Wessman Treas 8-4-96 813-287-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)