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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769993 (7)

1. Corporation Name
THE WESTSHORE ALLIANCE, INC.



Principal Place of Business 5100 W LEMON ST STE 305 TAMPA FL 33609 US	Mailing Address 5100 W LEMON ST STE 305 TAMPA FL 33609 US
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3. Date Incorporated or Qualified 08/25/1983	
4. FEI Number 59-2330147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28		
Suite, Apt. #, etc. 22 Suite 107	Suite, Apt. #, etc. 27 Suite 107		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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 James M. Reed		
82 Street Address (P.O. Box Number is Not Acceptable) 201 N Franklin St, Ste 2600		
83		
84 City Tampa	85 State FL	Zip Code 33602

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 617.0508, Florida Statutes.

SIGNATURE *James M. Reed* DATE **4/22/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE SD	NAME REED, JAMES	<input type="checkbox"/>
STREET ADDRESS 5100 W LEMON ST #305	CITY-ST-ZIP TAMPA FL	
TITLE VD	NAME STRICKLAND, BLAINE	<input checked="" type="checkbox"/>
STREET ADDRESS 5100 W LEMON ST #305	CITY-ST-ZIP TAMPA FL	
TITLE PD	NAME DELILLO, MARK	<input type="checkbox"/>
STREET ADDRESS 5100 W LEMON ST #305 107	CITY-ST-ZIP TAMPA FL	
TITLE M	NAME ROTELLA, RONALD T.	<input type="checkbox"/>
STREET ADDRESS 5100 W LEMON ST, #305 107	CITY-ST-ZIP TAMPA FL	
TITLE TD	NAME WESSMAN, JIM	<input type="checkbox"/>
STREET ADDRESS 5100 W LEMON ST, #305 107	CITY-ST-ZIP TAMPA FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE VP	1.2 NAME Reed, James	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 5100 W LEMON ST Suite 107	1.4 CITY-ST-ZIP Tampa, FL		
2.1 TITLE S	2.2 NAME Preusch, Barry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS 5100 W LEMON ST Suite 107	2.4 CITY-ST-ZIP Tampa, FL		
3.1 TITLE PD	3.2 NAME Delillo, Mark	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 5100 W LEMON ST Suite 107	3.4 CITY-ST-ZIP TAMPA, FL		
4.1 TITLE M	4.2 NAME Rotella, Ronald T.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS 5100 W LEMON ST Suite 107	4.4 CITY-ST-ZIP Tampa, FL		
5.1 TITLE TD	5.2 NAME Wessman, Jim	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS 5100 W LEMON ST Suite 107	5.4 CITY-ST-ZIP Tampa, FL		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 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 M. Reed* DATE **4/22/98**

CR2E037 (10/97)