

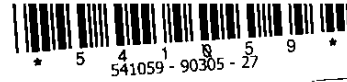
**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90061 007 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769993**

1. Corporation Name  
**THE WESTSHORE ALLIANCE, INC.**



Principal Place of Business 5100 W LEMON ST STE 107 TAMPA FL 33609 US	Mailing Address 5100 W LEMON ST STE 107 TAMPA FL 33609 US
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2. Principal Place of Business 21 <b>5444 Bay Center Dr.</b>	2a. Mailing Address 26 <b>same as on left</b>	3. Date Incorporated or Qualified <b>08/25/1983</b>
Suite, Apt. #, etc. 22 <b>Suite 115</b>	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2330147</b>
City & State 23 <b>Tampa FL</b>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33609</b>	Country 25 <b>Hillsborough</b>	29
26	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>REED, JAMES M 201 N FRANKLIN STREET, STE 2600 TAMPA FL 33602</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	REED, JAMES 5100 W LEMON STREET, STE 107 TAMPA FL	1.1 TITLE P D	Reed, James 5444 Bay Center Dr Suite 115 Tampa, FL 33609
TITLE S	PREUSCH, BARRY 5100 W LEMON STEET, STE 107 TAMPA FL	2.1 TITLE S D	Preusch, Barry 5444 Bay Ctr Dr. Suite 115 Tampa FL 33609
TITLE PD	DEILLO, MARK 5100 W LEMON ST, STE 107 TAMPA FL	3.1 TITLE VD	Miller, Louis 5444 Bay Ctr Dr. Ste 115 Tampa FL 33609
TITLE M	ROTELLA, RONALD T. 5100 W LEMON ST, STE 107 TAMPA FL	4.1 TITLE M D	Rotella, Ronald 5444 Bay Ctr Dr Ste 115 Tampa, FL 33609
TITLE TD	WESSMAN, JIM 5100 W LEMON ST, STE 107 TAMPA FL	5.1 TITLE TD	Wessman, Jim 5444 Bay Ctr Dr. Ste 115 Tampa, FL 33609
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *James M. Reed* president **4/18/99 815 221-2626**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**James M. Reed**

CR2E037 (1/198)