

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

2a. Mailing Address

21 **5100 W. Lemon St.**

26 **5100 W. Lemon St**

4. FEI Number

59-2330147

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 305**

27 **Suite 305**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Tampa FL**

28 **Tampa FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33609**

25

29 **33609**

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAUB, THEODORE C.
100 S. ASHLEY DR., #1940
TAMPA FL 33602**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **HELLER, CHRIS**
STREET ADDRESS **5445 W. CYPRESS ST. #101**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **CUNNINGHAM, RICK**
STREET ADDRESS **5445 W. CYPRESS ST. #101**
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☐ DELETE
NAME **DEHILLO, MARK**
STREET ADDRESS **5445 W. CYPRESS ST. #101**
CITY-ST-ZIP **TAMPA FL**

TITLE **M** ☐ DELETE
NAME **ROTELLA, RONALD T.**
STREET ADDRESS **5445 W. CYPRESS ST. #101**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **WESSMAN, JIM**
STREET ADDRESS **5445 W. CYPRESS, STE. 101**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **SD** ☐ Change ☐ Addition
12 NAME **Heller, Chris**
13 STREET ADDRESS **5100 W. Lemon St. #305**
14 CITY-ST-ZIP **Tampa FL 33609**

21 TITLE **VD** ☐ Change ☐ Addition
22 NAME **Cunningham, Rick**
23 STREET ADDRESS **5100 W. Lemon St. #305**
24 CITY-ST-ZIP **Tampa, FL 33609**

31 TITLE **VPD** ☐ Change ☐ Addition
32 NAME **DeLillo, Mark**
33 STREET ADDRESS **5100 W. Lemon St. #305**
34 CITY-ST-ZIP **Tampa, FL 33609**

41 TITLE **M** ☐ Change ☐ Addition
42 NAME **Rotella, Ronald T.**
43 STREET ADDRESS **5100 W. Lemon St. #305**
44 CITY-ST-ZIP **Tampa, FL 33609**

51 TITLE **TD** ☐ Change ☐ Addition
52 NAME **Wessman, Jim**
53 STREET ADDRESS **5100 W. Lemon St. #305**
54 CITY-ST-ZIP **Tampa, FL 33609**

61 TITLE ☐ Change ☐ 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 A. Wessman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-96
Date

813-287-2339
Daytime Phone #

CR2E037 (12/95)