

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714440 (5)

1. Corporation Name

WEST SHORE BOARD OF TRADE, INC.

Principal Place of Business

250 WEST SHORE PLAZA
STE 200
TAMPA FL 33609
US

Mailing Address

250 WEST SHORE PLAZA
STE 200
TAMPA FL 33609
US



3. Date Incorporated or Qualified
04/15/1968

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1231768

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

10. Name and Address of New Registered Agent

JONES, JERRY
200 N WEST SHORE BLVD, STE 200
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

250 West Shore Plaza

83

84

City Tampa

FL

85 Zip Code

33609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ALEX	
STREET ADDRESS	241-A WEST SHORE PLAZA	
CITY - ST - ZIP	TAMPA FL	
TITLE	VC/D	<input type="checkbox"/> DELETE
NAME	MURPHY, THOMAS	
STREET ADDRESS	317 WEST SHORE PLAZA	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST/D	<input type="checkbox"/> DELETE
NAME	JONES, JERRY	
STREET ADDRESS	200 N WEST SHORE BLVD, STE 200	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, ANDREA	
STREET ADDRESS	133 WEST SHORE PLAZA	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BALENTYNE, KATRINA	
STREET ADDRESS	285-B WEST SHORE PLAZA	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96 (813) 286-0792

Date

Daytime Phone #

CR2E037 (3/96)