FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769993** **(7)**

1. Corporation Name
THE WESTSHORE ALLIANCE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1983	3a. Date of Last Report: 07/28/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent or of an officer thereof) (NOTE: Registered Agent signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	ROTHSCHILD, DOUG	12 NAME ✓	Cunningham, Rick	
STREET ADDRESS	5445 W. CYPRESS ST. #101	13 STREET ADDRESS	5445 W Cypress St #101	
CITY ST ZIP	TAMPA FL 33607	14 CITY ST ZIP	Tampa FL 33607	
TITLE	VDP	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	CUNNINGHAM, RICK	22 NAME ✓	DeLillo, Mark	
STREET ADDRESS	5445 W. CYPRESS ST. #101 ✓	23 STREET ADDRESS	5445 W. Cypress St #101	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa FL	
TITLE	SD	31 TITLE	S/D	☐ Change ☒ Addition
NAME	DELILLO, MARK	32 NAME	Heller, Chris	
STREET ADDRESS	5445 W. CYPRESS ST. #101 ✓	33 STREET ADDRESS	5445 W Cypress St #101	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa FL	
TITLE	D	41 TITLE	M	☒ Change ☐ Addition
NAME	ROTELLA, RONALD T.	42 NAME ✓	Rotella, Ronald	
STREET ADDRESS	5445 W. CYPRESS ST. #101	43 STREET ADDRESS	5445 W Cypress St #101	
CITY ST ZIP	TAMPA FL 33607	44 CITY ST ZIP	Tampa, FL	
TITLE	TD	51 TITLE	T/D	☐ Change ☐ Addition
NAME	WESSMAN, JIM	52 NAME	same	
STREET ADDRESS	5445 W. CYPRESS, STE. 101	53 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 added on an attachment with an address.

SIGNATURE: [signature] 4/27/95 813 289-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0083783