SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

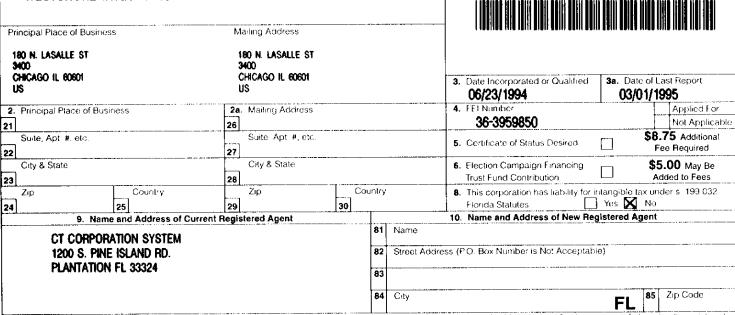
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F94000003322	(4
L. Corporation Name		

## WESTSHORE INVESTORS, INC.



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 land accept the obligations of Section 607.0505, Florida Statutes.

-3						
SIGNATURE	Signature, Expect or product our electropy forces are of the Capplicat	in the second	. gotesed Agent signature	re pared when remulating) (	DATE:	
12.	OFFICERS AND DIRECTORS				OFFICERS AND DIRECTORS IN 12	
TITLE	C00	X DELETE	1 1 TITLE	D	Change	<b>X</b> Addition
NAME	CHAPMAN, ROBERT J		1.2 NAME	Joseph A. Braccia		
STREET ADDRESS	900 N. MICHIGAN AVE.		1.3 STREET ADDRESS	30 North 3rd Street, 5th	Floor	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY - ST - ZIP	Harrisburg, PA 17101		
THILE	T00	<b>X</b> DELETE	2 1 THTLE	D	Change	Addition
NAME	MCCARTHY, THOMAS D		2.2 NAME	Peter M. Gilbert		
STREET ADORESS	900 N. MICHIGAN AVE.		2.3 STREET ADDRESS	30 North 3rd Street, 5th	Floor	
CITY - ST - ZIP	CHICAGO IL		2 4 CITY - ST - ZIP	Harrisburg, PA 17101		<del></del>
TITLE	D	X DELETE	3 1 TITLE	<b>D</b>	Change	Addition
NAME	COOKE, JOHN R		3.2 NAME	David J. Kalman		
STREET ADDRESS	900 N. MICHIGAN AVE.		33 STHEET ADDRESS	30 North 3rd Street, 5th	Floor	
CITY-SI-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Harrisburg, PA 17101		_
TITLE	D	X DELETE	4 1 TH LE	P	Change b	[] Add tion
NAME	Gaines, George C		4 2 NAME	Jerome J. Claeys III		
STREET ADDRESS	900 N. MICHIGAN AVE.		4.3 STHEET ADDRESS	180 North LaSalle Street		
CITY - ST - ZIP	CHICAGO IL		44 CHY-ST ZIP	Chicago, Illinois 60601		
TITLE	MD	DELETE	5 1 Till.E	VP/S	K Change	Addition
NAME	NOELL, JOHN W		5 2 NAME			
STREET ADDRESS	180 N. LASALLE ST		53 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL		5 4 CITY - ST - ZIP			
TITLE	[ <b>V</b>	DELETE	6 1 THILE		Change _	Addition
NAME	STEIN, WILLIAM J		6.2 NAME			
STREET ADDRESS	180 N. LASALLE ST		6.3 STREET ADDRESS			
CITY - ST - ZIP	CHICAGO IL		6 4 CHY - 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:

WHITTHE AND TYPED SEPRIMED NAW OF SIGNING OFFICER OR DIRECTOR

7/24/94 (312) 855-5700