

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G58795** (7)

1. Corporation Name
WESTSIDE CORPORATE CENTER, INC.

Principal Place of Business C/O CORPORATE TAX DEPT P O BOX 020816 3600 N.W. 82ND AVE. MIAMI FL 33102	Mailing Address C/O CORPORATE TAX DEPT P O BOX 020816 3600 N.W. 82ND AVE. MIAMI FL 33102
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1983

4. FEI Number

59-2557214

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**HERRON, JAMES M.
P O BOX 020816 3600 N.W. 82ND AVE.
MIAMI FL 33102**

10. Name and Address of New Registered Agent

81 Name	VICKI A. O'MEARA
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	MIAMI
85 Zip Code	FL 33166

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 *Vicki A. O'Meara* **VICKI A. O'MEARA, V.P. & ASST. SEC** **2/6/98**
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	CD	<input type="checkbox"/> DELETE
NAME	BURNS, M. ANTHONY	
STREET ADDRESS	3600 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUSTON, EDWIN A.	
STREET ADDRESS	3600 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	HIGH, JOSHUA	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FEIGENBAUM, LILLIAN	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, JOHN F.	
STREET ADDRESS	3600 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODE, R. RAY	
STREET ADDRESS	3600 NW 82 AVENUE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
4.2 NAME	AT
4.3 STREET ADDRESS	GAIL D. PERRON
4.4 CITY-ST-ZIP	3600 N.W. 82ND AVE. MIAMI, FL 33166
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPT
5.3 STREET ADDRESS	GLYNIS A. BRYAN
5.4 CITY-ST-ZIP	3600 N.W. 82ND AVE. MIAMI, FL 33166
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Gail D. Perron* **GAIL D. PERRON, ASST. TREASURER**

2/6/98

CFR2034 (10/97)