FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. MortMam

Secretary of State

DIVISION OF CORPORATIONS

G75541 **DOCUMENT #**

(4)

Mailing Address

WEST COAST MARCITE, INC.



5363-102ND ST N. St. Petersburg Fl 33708				5363-102ND ST N. St. Petersburg Fl 33708							
								 Date Incorporated or Qualified 12/21/1983 		of Last Re /19/199	
2. Principal Place of Business			2a	2a, Mailing Address			4. FEI Number		A	pplied For	
]				26			59-2353039			lot Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
			27	27			- /				Required
City & State				City & State				6. Election Campaign Financing			
			28					Trust Fund Contribution LJ Added to Fer 8. This corporation has liability for intengible tax under s 199 03			
Zip	Country			Zφ	Country			Fiorida Statutes Yes No			
		25 Name and Address of Cur		29 Cont Registered Agent		[30]		10. Name and Address of New Registered Agent			
	g, Name a	nd Address of C	urrent negr	stered Agent		1	Name				
MARCE PART (F) 147						_		IDO Day Number is Not Acceptable)			
HART, PHILLIP W						2	2 Street Address (P.O. Box Number is Not Acceptable)				
5363 102ND ST. N. • ST. PETERSBURG FL 33708					83						
- 01. PEII	ENOBUNG F	L 33/00				<u>.</u> .	. <u> </u>			BE 7.	o Code
•	*				8	84 City			FL	85 Zir	, code
GNATURE .		printed name of registere	Tagestand sto				signature ris joi	ADDITIONS/CHANGES TO OF	FICERS AND	DIREGIC	DRS IN 12
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REET ADDRESS 5363 102 ST N.				2.3 S ¹		61.1	ADDRESS				
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REET ADDRESS					3.3 STF	REFI	ADDRESS				
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ITLE				[]] DELETÉ	6 1 TI						32
IAME					6.2 NA						161
STREET ADDRESS	. }				6.3.51	HEET	ADDRESS				7
					6.4 CiT		- 1				

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee en powered 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: WARY HART SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR