FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M86623** **(9)**

1. Corporation Name

WEST SHORE EQUITIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17467 CLEARWATER FL 34622	P.O. BOX 17467 CLEARWATER FL 34622

3. Date Incorporated or Qualified: **06/15/1988**
3a. Date of Last Report: **05/15/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0104775** ☐ 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

GUZZO ROBERT F
~~5500 ULMERTON RD.~~ P.O. BOX 17467
~~CLEARWATER FL 34620~~ CLEARWATER FL. 34622
2727 ULMERTON Rd.
CLEARWATER FL. 34622

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~V.P~~	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~GUZZO, REBA~~		1.2 NAME		
STREET ADDRESS	P. O. BOX 17467 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	CARLOS YEPES		2.2 NAME	CARLOS YEPES	
STREET ADDRESS	P.O. BOX 17467		2.3 STREET ADDRESS	P.O. BOX 17467	
CITY-ST-ZIP	CLEARWATER FL. 34622		2.4 CITY-ST-ZIP	CLEARWATER FL. 34622	
TITLE	BEVERLY WILLIAMS	☐ DELETE	3.1 TITLE	BEVERLY WILLIAMS	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	P.O BOX 7945 ST. PETE FL. 33734	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

N/A

N/A

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~~-05/28/96--01030--004~~
***1200.00

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ C.A. YEPES 4-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #