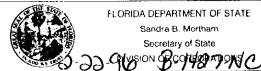
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DOCUMENT #

1. Corporation Name N31477

(5)

WESTSIDE CORPORATE CENTER ASSOCIATION, INC.

					<u> </u>	<u> </u>	
Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
	M. HERRON	C/O JAMES M. H					
3600 N.W. 8 MIAMI FL 33	32ND AVENUE	3600 N.W. 82ND / MIAMI FL 33166	AVENUE				
MIAMI FE 33100					3. Date incorporated or Qualified 3a. Date of L 04/03/1989 06/1		st Report /1995
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21			26		65-0267651		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stal	te	City & State			Election Campaign Financing	_ \$5	.00 May Be
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
25		29	30		Florida Statutes Yes No		
ļ	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
HERRON, JAMES M.			ŀ	82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
	I.W. 82ND AVENUE		,				
MIAMI	FL 33166			83			
			ł	84 City		85	Zip Code
						FL °°	
l or registe	t to the provisions of Sections 617.050 ered agent, or both, in the State of Flor vith, and accept the obligations of, Sec	rida. Such change was au	thorized by the d	ve-named corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	intment as register	ed agent. I am
SIGNATURE							
	Signature, typed or printed name of registered ager			Agent signature requir		DATE	TODE IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Chang	
TITLE	VT	DELET					, I riboliton
NAME	GOLDBERG, STEVEN R		1.2 NA				
STHEFT ADDRESS				REET ADDRESS			
CITY - ST - ZIP	MIAMI FL	[] DELETI		ry-St-ZIP		Chang	e Addition
TITLE	P					oneng	,c
NAME	GOODE, R. RAY		22 N/	l l			
STREET ADDRESS				REFT ADDRESS			
CITY SI - ZIF	MIAMI FL	DELET		ITY-\$1-ZIP		Chang	ge 🔲 Addition
TITLE	VD					[
NAME	HUSTON, EDWIN A		3 2 N/	I .			
STREE: ADDRESS				REET ADDRESS			
CITY ST-ZIP	MIAMI FL	DELET		TY-ST-ZIP		Chang	ge 🔲 Addition
TITLE	VAS	Morres					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	HERRON, JAMES M.		4. 2 N				
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP	MIAMI FL	DELET		TY-ST-ZIP		Chang	ge 🔲 Addition
TOLE	S			i		L-J Origin	,
NAME	CHOZIANIN, H. JUDITH		5.2 N	1			
STREET ADDRESS				REET ADDRESS			
C:1Y - ST - Z:P	MIAMI FL	- Dec. FY		TY-S1-ZIP		Chang	ge 🗀 Addition
TITLE	AT	DELET				L1 cuan	ac LT WOULDON
NAME	FEIGENBAUM LILLIAN		62 N	AME			

MIAMI FL

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 cath; 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 or an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STHEFT ADDRESS

3600 NW 82ND AVENUE

ED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 Date Daytime Phone •