

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31477 (5)**  
1. Corporation Name  
**WESTSIDE CORPORATE CENTER ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
C/O JAMES M. HERRON 3600 N.W. 82ND AVENUE MIAMI FL 33166		C/O JAMES M. HERRON 3600 N.W. 82ND AVENUE MIAMI FL 33166	
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 Zip	Country	Country
24	25	29	30

3. Date Incorporated or Qualified <b>04/03/1989</b>	
4. FEI Number <b>65-0267651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERRON, JAMES M. 3600 N.W. 82ND AVENUE MIAMI FL 33166		81 Name <b>VICKI A. O'MEARA</b> 82 Street Address (P.O. Box Number is Not Acceptable)  83 <b>3600 N.W. 82ND AVENUE</b> 84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33166</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Vicki A. O'Meara* **VICKI A. O'MEARA, V.P. & ASST. SEC.** 2/6/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, JOHN F	1.2 NAME	GLYNIS A. BRYAN
STREET ADDRESS	3600 NW 82ND AVENUE	1.3 STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, R. RAY	2.2 NAME	
STREET ADDRESS	3600 NW 82ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, EDWIN A	3.2 NAME	
STREET ADDRESS	3600 NW 82ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRON, JAMES M.	4.2 NAME	GAIL D. PERRON
STREET ADDRESS	3600 NW 82ND AVENUE	4.3 STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOZIANIN, H. JUDITH	5.2 NAME	
STREET ADDRESS	3600 NW 82ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEIGENBAUM LILLIAN	6.2 NAME	JACQUELINE S. DE SOUZA
STREET ADDRESS	3600 NW 82ND AVENUE	6.3 STREET ADDRESS	3600 N.W. 82ND AVE.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33166

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 617, 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

CP2E037 (10/97)