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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000074

1. Corporation Name

WEST COAST BUSINESS PROFESSIONALS, INC.

Principal Place of Business

3333 HENDERSON BOULEVARD
 SUITE 150
 TAMPA FL 33609-2984

Mailing Address

3333 HENDERSON BOULEVARD
 SUITE 150
 TAMPA FL 33609-2984



2. Principal Place of Business 21 4708 W. ANITA BLVD. Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33611-1118	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 01/07/1998 4. FEI Number 59-3488614 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

RILEY, STEVEN P ESQ.
 3333 HENDERSON BOULEVARD
 SUITE 150
 TAMPA FL 33609-2984

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, ROBIN 4708 W. ANITA BOULEVARD TAMPA FL 33611-1118	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VICE PRESIDENT/PROGRAMS/ KAREN M. SIEGEL 4011 FONTANA PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, MARIA 3333 HENDERSON BOULEVARD TAMPA FL 33609-2984	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT/MEMBERSHIP SHERRI W. SINGLETON 210 S. O'BRIEN ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGEL, KAREN POST OFFICE BOX 429 N/A BRANDON FL 33509	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY CATHY TAPIA-STEVEN 7018 POTOMAC CIRCLE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, ANNA 3333 HENDERSON BOULEVARD TAMPA FL 33609-2984	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER DENISE O'BRIEN 4003 CARROLLWOOD VILLAGE DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARODIN, P. STARLA 77 HARBOR WOODS CIRCLE SAFETY HARBOR FL 34695	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VICE PRESIDENT/WAYS+MEANS M. DAWN GIEL 8015 TIERRA VERDE DR. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBIN POWELL

Date

Daytime Phone #

CR2E037 (1/98)

813-835-0259 07
 727-319-0999