SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 12:02

DOCUMENT # **P92000010025 (4)**

1. Corporation Name

TAMPA WESTSHORE HOTEL, INC.

Principal Place of Business	Mailing Address
% LAWRENCE J. BAILIN, ESQ. 401 EAST JACKSON ST., SUITE 2200 TAMPA FL 33602	50 E RIVERCENTER BLVD SUITE 555 COVINGTON KY 41011 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21: 555 N. WESTSHORE BLVD
2a. Mailing Address — 26: 50 E. RIVERCENTER BLVD

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: STE 555

City & State — 23: TAMPA, FL
City & State — 28: COVINGTON, KY

Zip — 24: 33609
Country — 25: HILLSBOROUGH
Zip — 29: 41011
Country — 30: KENTON

4. FEI Number: 59-3153469 ☐ 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

BAILIN, LAWRENCE J ESQ.
STERNS,WEAVER,MILLER,WEISSLER ETAL
401 EAST JACKSON ST., SUITE 2200
TAMPA FL 33602

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
Signature typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FAY, DANIEL T	12 NAME	
STREET ADDRESS	50 E RIVECENTER BLVD., STE 555	13 STREET ADDRESS	
CITY ST ZIP	COVINGTON KY	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BUTLER, WILLIAM P	22 NAME	
STREET ADDRESS	50 E RIVERCENTER BLVD., STE 555	23 STREET ADDRESS	
CITY ST ZIP	COVINGTON KY	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MERKIN, JOSEPH M	32 NAME	
STREET ADDRESS	50 3 RIVERCENTER BLVD., STE 555	33 STREET ADDRESS	
CITY ST ZIP	COVINGTON KY	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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

SIGNATURE: X Daniel T. Fay President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 606-261-5522 (Daytime Phone #)

0181600 FN