FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
DIVISION OF CORPORATIONS

DOCUMENT # **P92000010025 (4)**

1. Corporate Name

TAMPA WESTSHORE HOTEL, INC.

Principal Place of Business

555 N. WESTSHORE BLVD
TAMPA FL 33609
US

Mailing Address

50 E RIVERCENTER BLVD
SUITE 555
COVINGTON KY 41011
US

2. Principal Place of Business
21 Street Address
22 Suite
Apt. #
23 City & State
24 Zip
25 County

2a. Mailing Address
26 Street Address
27 Suite
Apt. #
28 City & State
29 Zip
30 County

3. Date Incorporated or Qualified: **12/07/1992**

3a. Date of Last Report: **06/15/1995**

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. The corporation shall elect to be taxed pursuant to sections 199.032, Florida Statutes. [X] 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 Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of the Florida Statutes, I hereby accept the appointment as registered agent and agree to comply with the provisions of chapter 607 relative to keeping open my office. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PD	[ ] Director
Name	FAY, DANIEL T	
Street Address	50 E RIVECENTER BLVD., STE 555	
City, St, Zip	COVINGTON KY	
Title	D	[ ] Director
Name	BUTLER, WILLIAM P	
Street Address	50 E RIVERCENTER BLVD., STE 555	
City, St, Zip	COVINGTON KY	
Title	ST	[X] Director
Name	MERKIN, JOSEPH M	
Street Address	50 3 RIVERCENTER BLVD., STE 555	
City, St, Zip	COVINGTON KY	
Title		[ ] Director
Name		
Street Address		
City, St, Zip		
Title		[ ] Director
Name		
Street Address		
City, St, Zip		
Title		[ ] Director
Name		
Street Address		
City, St, Zip		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer 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 of this report.

SIGNATURE: X Daniel T. Fay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Presented 3-26-96

DATE

CR2E034 (12/95)