

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000018361 (4)**

1. Corporation Name

WILSHIRE GROUP, INC.



Principal Place of Business

Mailing Address

~~600 S. ANDREWS AVENUE
SUITE 400
FT LAUDERDALE FL 33301~~

~~600 S. ANDREWS AVENUE
SUITE 400
FT LAUDERDALE FL 33301~~

2. Principal Place of Business

2a. Mailing Address

21 **1980 S. OCEAN DRIVE**

26 **1980 S. OCEAN DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **APT. #2-P**

27 **APT. #2-P**

City & State

City & State

23 **HALLANDALE FLORIDA**

28 **HALLANDALE FLORIDA**

Zip

Country

Zip

Country

24 **33009**

25 **U.S.A**

29 **33009**

30 **U.S.A**

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0401391

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

10. Name and Address of New Registered Agent

~~GREEN, BRUCE DAVID
600 SOUTH ANDREWS AVENUE
SUITE 400
FT LAUDERDALE FL 33301~~

81 Name

Joseph Shirazipour

82

Street Address (P.O. Box Number is Not Acceptable)

1980 S. OCEAN DRIVE

83

APT. #2-P

84

City

HALLANDALE

FL

85 Zip Code

33009

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

[Signature]

JOSEPH SHIRAZIPOUR, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

APRIL 23 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVST** ☒ DELETE

NAME **SHIRAZIPOUR, JOSEPH**

STREET ADDRESS ~~600 S. ANDREWS AVENUE, SUITE 400~~

CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE **D** ☒ DELETE

NAME **SHIRAZIPOUR, JOSEPH**

STREET ADDRESS ~~600 S. ANDREWS AVENUE, SUITE 400~~

CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

APRIL 23 1996

DATE

954-456-3113

Daytime Phone #

CR2E034 (12/95)