

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 10 AM 11:25

DOCUMENT # P93000067812 (6)

1. Corporation Name

WESTSIDE DEVELOPMENTS 93, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1200 SHEPPARD AVE. E.
SUITE 106
WILLOWDALE ON M2K2S
US

1200 SHEPPARD AVE. E.
SUITE 106
WILLOWDALE ON M2K2S
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1993

3a. Date of Last Report

02/17/1994

4. FEI Number

65-0446278

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

M2K 2SS

25

CANADA

29

M2K 2SS

30

CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILIN, LAWRENCE J
STEARNS WEAVER MILLER WEISSLER ALHADEFF
401 E. JACKSON ST., SUITE 2200
TAMPA FL 33602

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

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: LEVY, CLIFF
STREET ADDRESS: 1110 GULBREATH ISLES DR.
CITY - ST - ZIP: TAMPA FL 33629

1.1 TITLE: DIP Change Addition
1.2 NAME:
1.3 STREET ADDRESS: 1616 GULBREATH ISLES DRIVE
1.4 CITY - ST - ZIP:

TITLE: D
NAME: LEVY, LINDA
STREET ADDRESS: 1110 GULBREATH ISLES DR.
CITY - ST - ZIP: TAMPA FL 33629

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS: 1616 GULBREATH ISLES DRIVE
2.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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 110.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

MARCH 22, 1995

(813) 251-9365