FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003580 (5)

1. Corporation Name
WESTSHORE BOULEVARD HOTEL, INC.

Principal Place of Business	Mailing Address
C/O CALIFORNIA FED.TWR./MICHELE L. APPLE 2400 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308	C/O CALIFORNIA FED.TWR./MICHELE L. APPLE 2400 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 95-4469019 ☐ 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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301

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 of new or previous registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D in place of Siegel	☒ Change ☐ Addition
NAME	BRUMMETT, GARY W	12 NAME	Douglas J. Wallis	
STREET ADDRESS	5700 WILSHIRE BLVD.,#505	13 STREET ADDRESS	5700 Wilshire Blvd., Suite 212	
CITY-ST-ZIP	LOS ANGELES CA 90036	14 CITY-ST-ZIP	Los Angeles, CA 90036	
TITLE	D	21 TITLE	P	☐ Change ☒ Addition
NAME	COHEN, DALE E	22 NAME	Bobbi J. Koehler	
STREET ADDRESS	5700 WILSHIRE BLVD.,#505	23 STREET ADDRESS	5700 Wilshire Blvd., Suite 230/A	
CITY-ST-ZIP	LOS ANGELES CA 90036	24 CITY-ST-ZIP	Los Angeles, CA 90036	
TITLE	D	31 TITLE	VP	☐ Change ☒ Addition
NAME	SIEGEL, SCOTT H	32 NAME	Michele Apple	
STREET ADDRESS	5700 WILSHIRE BLVD.,#505	33 STREET ADDRESS	2400 E. Commercial Blvd. #5020	
CITY-ST-ZIP	LOS ANGELES CA 90036	34 CITY-ST-ZIP	Ft. Lauderdale, Florida 33308	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	James A. Leonetti	
STREET ADDRESS		43 STREET ADDRESS	5700 Wilshire Blvd., Suite 341	
CITY-ST-ZIP		44 CITY-ST-ZIP	Los Angeles, CA 90036	
TITLE		51 TITLE	S	☐ Change ☒ Addition
NAME		52 NAME	Trude A. Tsujimoto	
STREET ADDRESS		53 STREET ADDRESS	5700 Wilshire Blvd., Suite 212	
CITY-ST-ZIP		54 CITY-ST-ZIP	Los Angeles, CA 90036	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I (We) 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 above, or on an attachment with an address.

SIGNATURE: Bobbi Koehler Bobbi J. Koehler (213) 930-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0214460 CP