FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]6.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort
Secretary of S[illegible]
DIVISION OF CORPO[illegible]IONS

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./MI[illegible]ELE L. APPLE 2400 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **01/06/1994**
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business
21 5700 Wilshire
Suite, Apt. #, etc.
22 229A
City & State
23 Los Angeles, CA
Zip / Country
24 90036 25 Los Angele

2a. Mailing Address
26 5700 Wilshire
Suite, Apt. #, etc.
27 229A
City & State
28 Los Angeles CA
Zip / Country
29 90036 30 Los Angele

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 Section 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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALLIS, DOUGLAS J		1.2 NAME		
STREET ADDRESS	5700 WILSHIRE BLVD., STE. 212		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOEHLER, BOBBIE J		2.2 NAME		
STREET ADDRESS	5700 WILSHIRE BLVD., STE 230A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	APPLE, MICHELE		3.2 NAME		
STREET ADDRESS	2400 E COMMERCIAL BLVD., #5020		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEONETTI, JAMES A		4.2 NAME		
STREET ADDRESS	5700 WILSHIRE BLVD., STE 341		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TSUJIMOTO, TRUDE A		5.2 NAME		
STREET ADDRESS	5700 WILSHIRE BLVD., STE 212		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Bobbi Koehler Bobbi Koehler 1/29/96 213/930-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #