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 # **P94000062589 (4)**

1. Corporation Name

WEST SIDE GROUP, INC.

Principal Place of Business
2131 NW 62ND DR
BOCA RATON FL 33496

Mailing Address
2131 NW 62ND DR
BOCA RATON FL 33496

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0514803 [ ] 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 [X] No

2. Principal Place of Business
21 6335 Grand Cypress Circle
Suite, Apt. #, etc.
22
City & State
23 Lake Worth, FL
Zip 24 33463 Country 25 USA

2a. Mailing Address
26 6335 Grand Cypress Circle
Suite, Apt. #, etc.
27
City & State
28 Lake Worth, FL
Zip 29 33463 Country 30 USA

9. Name and Address of Current Registered Agent

KAHN, ROBERT M ESQ
% KAHN & GUTTER
8211 W BROWARD BLVD PH4
PLANTATION FL 33324

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
Signature typed or printed name of registered agent (when applicable) NOTE: Failure to sign signature requirements for filing DATE

12. OFFICERS AND DIRECTORS

TITLE	DP [ ] DELETE
NAME	DEUTCHMAN, SHERWIN
STREET ADDRESS	829 CAMINO RD APT 205 BLDG 11A
CITY-ST-ZIP	BOCA RATON FL 33445
TITLE	DVST [ ] DELETE
NAME	ORENSTEIN, LOUIS
STREET ADDRESS	2131 NW 62ND DR
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP [X] Change [ ] Addition
1.2 NAME	Deutchman, Sherwin
1.3 STREET ADDRESS	6335 Grand Cypress Circle
1.4 CITY-ST-ZIP	Lake Worth, FL 33463
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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: Sherwin Deutchman President 3/12/96 407-963-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)