## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000061196 (8)

WESTCOAST CAPITAL GROUP, INC.

FILED Apr 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address |   |                                     |                            |                 |               |   |
|---|---|-------------------------------------|----------------------------|-----------------|---------------|---|
| 275 FOURTH S                                | TREET. NORTH                                | 275 FOURTH STREET.                  | NORTH                      |                 |               |   |
| ST. PETERSBURG FL 33701                     |   |                                     | ST. PETERSBURG FL 33701    |                 |               | DO NOT WRITE IN THIS SPACE  |
|   |   |                                     |                            |                 |               | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   |
|   |   |                                     |                            |                 |               | 08/07/1995  |
| 2. Principal Pla                            | ce of Business                              | 2a. Mailing Address                 |                            |                 |               | 4. FEI Number Applied For   |
| 21  |   | 26                                  | <del>}</del>               |                 |               | <b>59-3329761</b> Not Applicable  |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.                 |                            |                 |               | SR 75 Additional  |
| 22  |   | 27                                  |                            |                 |               | 5. Certificate of Status Desired Fee Required   |
| City & State                                |   | City & State                        | *****                      |                 |               | 6. Election Campaign Financing \$5.00 May Be  |
| 23  |   | 28                                  |                            |                 |               | Trust Fund Contribution Added to Fees   |
| Zip   | Country                                     | Žip                                 | — `                        | untry           |               | 8. This corporation owes or has paid the current year Intangible  |
| 24  | 25  | 29                                  | 30                         |                 |               | Personal Property Tax due June 30. Yes No   |
|   | g. Name and Address of Cur                  | rent Hegistered Agent               |                            | 81              | Name          | 10. Name and Address of New Registered Agent  |
|   | SEY, DAVID F                                |                                     |                            | "               | Name          | ATTE  |
| 275 FOURTH STREET, NORTH                    |   |                                     |                            |                 | Stree         | reet Address (P.O. Box Number is Not Acceptable)  |
| ST. I                                       | PETERSBURG FL 33701                         |                                     |                            | 83              |               |   |
|   |   |                                     |                            | 63              |               |   |
|   |   |                                     |                            | 84              | City          | ty 85 Zip Code  |
| 44 10                                       | the manifestory (07)                        | 000 and 607 4500 Florida Oral       |                            | 1               |               | FL W Exposure   |
| office or reg                               | gistered agent, or both, in the St          | ate of Florida. Such change wa      | utes, the a<br>s authorize | ad by           | the co        | med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered |
| agent. I am                                 | familiar with, and accept the ob            | ligations of, Section 607.0505, I   | Florida Sta                | atutes.         |               |   |
| SIGNATURE =                                 | gnature typed or printed name of registered | Averal and fills if applicable. (N  | OTE Projeter               | ed Acor         | t signalu     | nature required when reinstating) DATE  |
| 12.   |   | AND DIRECTORS                       | 13.                        |                 | ii signatu    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TOLE  | PD  | ☐ DELETE                            |                            | TITLE           |               | Change Addition   |
| NAME  | WILSEY, STEVEN M                            |                                     | 1.2 N                      | NAME            |               | '   |
| STREET ADDRESS                              | 275 FOURTH STREET, NO                       | RTH                                 | 1.3 \$                     | STREET A        | <b>ODRESS</b> | ESS   |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL 3370                      |                                     | 1,4 (                      | CHTY-ST         | - ZIP         |   |
| TITLE                                       | VPSD  | DELETE                              | 2.1 7                      |                 |               | Change Addition   |
| NAME  | WILSEY, DAVID F                             |                                     | 2.2 N                      | NAME            |               |   |
| STREET ADDRESS                              | 275 FOURTH STREET, NO                       | RTH                                 | 2.3 5                      | STREET A        | ADORESS       | ESS   |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL 33701                     |                                     | 2.41                       | 2 4 CITY-ST-ZIP |               | ,   |
| TITLE                                       | VPTD  | ☐ DELETE                            | 3.1 T                      | TITLE           |               | ☐ Change ☐ Addition   |
| NAME  | RUTLEDGE, J. MARK                           |                                     | 3.21                       | NAME            |               | 1   |
| STREET ADDRESS                              | 275 FOURTH STREET, NO                       | RTH                                 | 3.3 8                      | STREET          | ADDRESS       | £SS   |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL 3370                      |                                     |                            | CITY-S1         | - ZIP         |   |
| TITLE                                       |   | DELETE                              |                            | TITLE           |               | Change Addition   |
| NAME  |   |                                     | 4. 2 1                     | NAME            |               |   |
| STREET ADDRESS                              |   |                                     |                            |                 | uddress       |   |
| CITY-ST-ZIP                                 |   | - Decision                          |                            | CITY - ST       | - ZIP         |   |
| TITLE                                       |   | ☐ DELETE                            | 5.1 7                      |                 |               | ☐ Change ☐ Addition   |
| NAME  |   |                                     |                            | NAME            |               |   |
| STREET ADDRESS                              |   |                                     | 1                          |                 | NOORESS       | ì   |
| CITY-ST-ZIP                                 |   | DELETE                              |                            | CITY-ST         | -ZIP          |   |
| TITLE                                       |   | T DECEIF                            | 6.1 7                      |                 |               | Change Addition   |
| NAME  |   |                                     |                            | MAME            |               |   |
| STREET ADDRESS                              |   |                                     |                            |                 | ADDRESS       | ·   |
| CITY-ST-ZIP                                 | etify that the information aventure         | d with this filing does not exactly |                            | CITY-ST         |               | stated in Section 119 07(3)(i) Florida Statutes. I further certify that the information   |

Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Fibring 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 he receiver or frustee 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 to or an attachment with an address.

**SIGNATURE:** 

Pres-

(/12/17 813-898-118