

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000074362

1. Corporation Name
WESTCOAST SERVICES OF PINELLAS COUNTY, INC.

Principal Place of Business
**8800 49TH STREET N.
 SUITE 307
 PINELLAS PARK FL 33782**

Mailing Address
**8800 49TH STREET N.
 SUITE 307
 PINELLAS PARK FL 33782**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

81 Name	COX, BONNIE
82 Street Address (P.O. Box Number is Not Acceptable)	4701 88TH AVE N #106
83 City	PINELLAS PARK FL 33782
84 City	12001 BELCHER RD S. D57
85 Zip Code	LARGO, FL 33773

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 *Bonnie M. Cox*

(NOTE: Registered Agent's signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	OP	[] DELETE
NAME	COX, BONNIE M	
STREET ADDRESS	4701 88TH AVE. N. #106	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	OP	[] DELETE
NAME	COX, BONNIE M.	
STREET ADDRESS	12001 BELCHER R. S. A D57	
CITY-ST-ZIP	LARGO, FL 33773	
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

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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FILED
 09 MAR - 1 PM 2:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **09/04/1996**
- 4. FFI Number: **59-3399259** 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 owes the current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Bonnie M. Cox*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 727-547-1710
 (Use New Form #)

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CR2E034 (11/98)