


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000007196 ✓					
1. Corporation Name WESTSHORE FINANCIAL GROUP, INC.					
Principal Place of Business 4427 WEST KENNEDY BOULEVARD SUITE 250 TAMPA FL 33609			Mailing Address 4427 WEST KENNEDY BOULEVARD SUITE 250 TAMPA FL 33609		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/23/1998	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSD MAZZEI, ANTHONY T SR.				
NAME	4427 WEST KENNEDY BOULEVARD				
STREET ADDRESS	TAMPA FL 33609				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	T MAZZEI, VINCENT M				
NAME	4427 WEST KENNEDY BOULEVARD				
STREET ADDRESS	TAMPA FL 33609				
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TITLE	<input type="checkbox"/> DELETE				
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STREET ADDRESS	<input type="checkbox"/> DELETE				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90008 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

59-3489478

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 Fees8. This corporation owes the current year
Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

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13.

1.1 TITLE

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1.3 STREET ADDRESS

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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (5/99)

513-288-3632

Date

Daytime Phone #