

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 # P98000090642

1. Corporation Name

WEST COAST CAPITAL MANAGEMENT, INC.

Principal Place of Business

4015 BAYSHORE BLVD. SUITE #9B
TAMPA FL 33611

Mailing Address

4015 BAYSHORE BLVD. SUITE #9B
TAMPA FL 33611

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90123 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1998

4. FEI Number

59-3542177

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

9. Name and Address of Current Registered Agent

BHARDWAJ, RITU
4015 BAYSHORE BLVD, SUITE #9B
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

BHARDWAJ, RITU

82 Street Address (P.O. Box Number is Not Acceptable)

115 SOUTH LOIS AVENUE

83

SUITE 217

84 City

TAMPA

FL

85 Zip Code

33609

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 VICE PRESIDENT
NAME DHARAM R. BHARDWAJ
STREET ADDRESS 115 SOUTH LOIS AVE, # 217
CITY-ST-ZIP TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME MRS. DHARAM R. BHARDWAJ
1.3 STREET ADDRESS 115 S LOIS AVENUE, # 217
1.4 CITY-ST-ZIP TAMPA, FL 33609

2.1 TITLE TREASURER
2.2 NAME MR. DEVINDER P BHARDWAJ
2.3 STREET ADDRESS 115 S LOIS AVE, # 217
2.4 CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 458 3579

CR2E034 (11/98)