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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90256 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # S07151

1. Corporation Name
WEST COAST EMPLOYERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 N WESTSHORE BLVD 201 TAMPA FL 33609 US	600 N WESTSHORE BLVD 201 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/28/1990

4. FEI Number: 59-2589950 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JOHNSON, BRADLEY R.
600 N WESTSHORE BLVD
S 200
TAMPA FL 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	WELSH, NORMAN, JR.		1.2 NAME	CHARLSON, STUART	
STREET ADDRESS	4801 ULMERTON RD		1.3 STREET ADDRESS	6711 Tanglewood Dr. N.E.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33702	
TITLE	P	☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	SUAREZ-SOLAR, EDUARDO A.		2.2 NAME	Morales, Jose	
STREET ADDRESS	600 N. WESTSHORE BLVD, SUITE 201		2.3 STREET ADDRESS	9314 Rockport Place	
CITY-ST-ZIP	TAMPA FL 33609		2.4 CITY-ST-ZIP	Tampa, Fl. 33626	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIGANO, DONALD		3.2 NAME		
STREET ADDRESS	4208 HARBOR HOUSE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSENWASSER, MARC		4.2 NAME		
STREET ADDRESS	4606 PLAYERS COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED EDUARDO SUAREZ-SOLAR 4-16-99 813-289-6518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)