

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S63943** (2)

1. Corporation Name

**WESTSHORE HOMES CORP.**



Principal Place of Business

**6210 COMMERCIAL WAY  
BROOKSVILLE FL 34613**

Mailing Address

**6210 COMMERCIAL WAY  
BROOKSVILLE FL 34613**

3. Date Incorporated or Qualified

**07/01/1991**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4412 Commercial Way**

26 **4412 Commercial Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 106**

27 **Suite 106**

City & State

City & State

23 **Spring Hill, Florida**

28 **Spring Hill Florida**

Zip

Country

Zip

Country

24 **34606**

25 **Hernando**

29 **34606**

30 **Hernando**

4. FEI Number

**59-3075112**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEEDLES, MORRIS  
6210 COMMERCIAL WAY  
BROOKSVILLE FL 34613**

81 Name **Arthur Rutenberg**

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

**13922 58th Street N.**

83

84 City **Clearwater**

**FL**

85 Zip Code **34620**

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 of principal or person named of registered agent (Name title if applicable)

Signature of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **NEEDLES, MORRIS**  
STREET ADDRESS **6210 COMMERCIAL WAY**  
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **P** ☐ DELETE  
NAME **Arthur Rutenberg**  
STREET ADDRESS **13922 58th St. N.**  
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE **S** ☐ DELETE  
NAME **Lori A. Garton**  
STREET ADDRESS **13922 58th St. N.**  
CITY-ST-ZIP **Clearwater, FL 34620**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-96**

Date

**813 536 8900**

Daytime Phone #

CR2E034 (12/95)