

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63943** (2)
1. Corporation Name
WESTSHORE HOMES CORP.



Principal Place of Business 4412 COMMERCIAL WAY SUITE 106 SPRING HILL FL 34606 US	Mailing Address 4412 COMMERCIAL WAY SUITE 106 SPRING HILL FL 34606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4428 Commercial Way Suite, Apt. #, etc.		2a. Mailing Address 26 4428 Commercial Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1991	
22 City & State 23 Spring Hill, FL Zip 24 34606		27 City & State 28 Spring Hill, FL Zip 29 34606		4. FEI Number 59-3075112	
25 Country Hernando		30 Country Hernando		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUTENBERG, ARTHUR
13922 58TH STREET NORTH
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name Needles, Morris
82 Street Address (P.O. Box Number is Not Acceptable) 4428 Commercial Way
83
84 City Spring Hill
85 Zip Code FL 34606

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUTENBERG, ARTHUR		1.2 NAME Needles, Morris	
STREET ADDRESS 13922 58TH STREET NORTH		1.3 STREET ADDRESS 4428 Commercial Way	
CITY-ST-ZIP CLEARWATER FL 34620		1.4 CITY-ST-ZIP Spring Hill FL 34606	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARTON, LORI A		2.2 NAME	
STREET ADDRESS 13922 58TH STREET NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34620		2.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARAYGORDOBIL, BARBARA		3.2 NAME	
STREET ADDRESS 4428 COMMERCIAL WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **4-14-98 352-596-1043**

CR2E034 (10/97)