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 # **S83836** **(4)**

1. Corporation Name

WEST SIDE L.S., INC.

Principal Place of Business

100 SUNRISE AVENUE
PALM BEACH FL 33480

Mailing Address

100 SUNRISE AVENUE
PALM BEACH FL 33480

3. Date Incorporated or Qualified: **09/30/1991**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **65-0292987** ☐ 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

2. Principal Place of Business
21
22 Street Address
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Street Address
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

STALKER, LOUIS
100 SUNRISE AVENUE
PALM BEACH FL 33480

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

Signature of New Registered Agent, if Changing — DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title	**D**	☐ Delete	1 Title ☐ Change ☐ Addition
Name	**STALKER, LOUIS**		2 Name
Street Address	**100 SUNRISE AVENUUE**		3 Street Address
City-St-Zip	**PALM BEACH FL**		4 City-St-Zip
2 Title		☐ Delete	5 Title ☐ Change ☐ Addition
Name			6 Name
Street Address			7 Street Address
City-St-Zip			8 City-St-Zip
3 Title		☐ Delete	9 Title ☐ Change ☐ Addition
Name			10 Name
Street Address			11 Street Address
City-St-Zip			12 City-St-Zip
4 Title		☐ Delete	13 Title ☐ Change ☐ Addition
Name			14 Name
Street Address			15 Street Address
City-St-Zip			16 City-St-Zip
5 Title		☐ Delete	17 Title ☐ Change ☐ Addition
Name			18 Name
Street Address			19 Street Address
City-St-Zip			20 City-St-Zip
6 Title		☐ Delete	21 Title ☐ Change ☐ Addition
Name			22 Name
Street Address			23 Street Address
City-St-Zip			24 City-St-Zip

14. I declare, certify that the information supplied with this filing is accurate, and does not qualify for the exemption stated in Section 119.07(4)(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 added above or on an attachment with an address.

SIGNATURE: *Louis Stalker* LOUIS STALKER — 1/20/96 — (407) 852-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)