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 # 206841

DIMARE TAMPA, INC.

Prir	ncipal	Place o	f Busines:
Δ	DOV	11040	

Mailing Address

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90077 041 ***150.00



O. BOX 11040 AMPA FL 33680-1040		P.O. BOX 900460 Homestead FL 33090-0460				DO NOT WRITE IN THIS SP	ACE	:
					1	Date Incorporated or Qualifed 10/18/1957		
2. Principal Place of Busine	ess	2a. Mailing Address			4.	FEI Number	L	Applied For
1	2	6				59-0813011		Not Applicable
Suite, Apt. #, etc.	2	Suite, Apt. #, etc.			1		•	75 Additional ee Required
City & State	2	City & State	<u> </u>			Election Campaign Financing Trust Fund Contribution	-	.00 May Be ded to Fees
Zip	Country 25	Zip Cou	intry		1	This corporation owes the current year Intang Personal Property Tax. Filed with E	≸Yes	□No
· 1	and Address of Current Re	gistered Agent	Γ		10.	Name and Address of New Registered Ag	ent	THENT CO.
	- U.V. W		81	Name				
RABIN, JEFFREY B 258 N.W. 1ST AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)				,
FLORIDA CITY F	FL 33034		83					
			84	City		FL	85	Zip Code
11 Pursuant to the provisi	ons of Sections 607 0502 an	d 607.1508. Florida Statutes, the a	bove	-named corpor	ration	submits this statement for the purpose of ch	angir	ng 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD] DELETE	1.1 TITLE		Change	Addition			
NAME	DIMARE, PAUL J.		1.2 NAME						
STREET ADDRESS	258 N.W. 1ST AVE.		1.3 STREET ADORESS		:	ĺ			
CITY-ST-ZIP	FLORIDA CITY FL		1.4 CITY-ST-ZIP						
TITLE	V] DELETE	2.1 TITLE		Change	Addition			
NAME	BRUNO, CHARLES E.		2.2 NAME			Į			
STREET ADDRESS	2801 E. HILLSBOROUGH AVE		2.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA-FL	7:32 :::::::::::::::::::::::::::::::::::	2.4 CITY ST-ZIP						
TITLE	STD] DELETE	3.1 TITLE		☐ Change	Addition			
NAME	DIMARE, ANTHONY J.		3.2 NAME						
STREET ADDRESS	258 N.W. 1ST AVE.		3.3 STREET ADDRESS						
C!TY-ST-Z!P	FLORIDA CITY FL		3.4. CITY-ST-ZIP						
TITLE] DELETE	4.1 TITLE	•	Change	☐ Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS			Į			
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP	- 12 to 10 t	.,				
TITLE] DELETE	5.1 πτ.E		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.

