## 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

$\perp$ DOGU	MICHIT # AATAAA			02 00 1000	016 048 ***150.00
4 Comercia	MENT # 627029	<del>)</del>		a	
1. Corporation		NC			
UNIVER	SITY REALTY OF TAMPA, I	NG.			
Principal Plac	ce of Business	Mailing Address			
14014 N. 46TH STREET 14014 N. 46TH STREET					
TAMPA FL 336	313	TAMPA FL 33613		DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualifed	E IN THIS SPACE
				06/21/1979	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1917434	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	,	27		5. Certifcate of Status Desired	Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 мау Ве
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the currer	nt vear Intangible
24	25	29	30	Personal Property Tax.	´ Yes □No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
-		1	81 Name		
	CIRILLI, ROBERT L		82 Street Add	ress (P.O. Box Number is Not Acceptab	ale)
14014 N. 46TH STREET			Jan Succerrida	Total (1.0. Day Hamber to Hat Neceptar	en alta i control a antono montro desar o diaconte agran e pignorio.
TAMPA FL 33613			83		
			84 City	\$ 15.0 S. 1.0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(85) Zip Code
			G4 City		FL   S   Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the pr	urpose of changing its registered
I office or i	registered agent, or both, in the State				
agent. La	am familiar with, and accept the obliga	ations of, Section 607,0505, Flori	thorized by the corporation	on's board of directors. I hereby accept	the appointment as registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	thorized by the corporation in the corporation of t	on's board of directors. I hereby accept	the appointment as registered
agent. I a SIGNATURE	am familiar with, and accept the obligation of t	ations of, Section 607.0505, Flori	thorized by the corporation of t		DATE
agent. I a	am familiar with, and accept the obligations of registered age OFFICERS AN	ations of, Section 607.0505, Flori int and title if applicable. (NOTE: I ND DIRECTORS	da Statutes.		DATE CERS AND DIRECTORS IN 12
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agent. I a SIGNATURE  12.	am familiar with, and accept the obligations of registered age OFFICERS AN	ations of, Section 607.0505, Flori int and title if applicable. (NOTE: I ND DIRECTORS	da Statutes.  Registered Agent signature require	id when reinstating): (1997); ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
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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 13 if chapped; or on an attachyfent with an addresse, with all others like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

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