

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738301 (1)
1. Corporation Name
TAMPA CROSSROADS, INC.



Principal Place of Business: 302 W COLUMBUS DRIVE TAMPA FL 33602
Mailing Address: 5120 N. NEBRASKA AVE. TAMPA FL 33603 US

3. Date incorporated or Qualified: 03/08/1977
3a. Date of Last Report: 05/25/1995

2. Principal Place of Business: 21 5120 N. Nebraska Ave
2a. Mailing Address: 26
22 Suite, Apt. #, etc.
23 City & State: Tampa FL
28 City & State
24 Zip: 33602 25 Country: U.S.A. 29 Zip: 30 Country:
4. FEI Number: 59-1743719 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: KANE, MARK 702 N FRANKLIN ST. TAMPA FL 33612
10. Name and Address of New Registered Agent: 81 Name: JAMES HANLON 82 Street Address (P.O. Box Number is Not Acceptable): 101 E. KENNEDY BLVD, SUITE 1500 83 84 City: TAMPA FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James R. Hanlon* TREASURER DATE: 4/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	11 TITLE: CHAIR-ELECT / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BONNEY, WILLIAM DR		12 NAME: HELEN PARKHILL	
STREET ADDRESS: 1105 SWANN AVE		13 STREET ADDRESS: 703 W. BAY ST	
CITY-ST-ZIP: TAMPA FL		14 CITY-ST-ZIP: TAMPA FL 33606	
TITLE: DS DIRECTOR	<input checked="" type="checkbox"/> DELETE	21 TITLE: SECRETARY / D S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: EDGE, LINDA		22 NAME: IRENE GUY	
STREET ADDRESS: 4808 LONGFELLOW AVE		23 STREET ADDRESS: 720 S. BREVARD AVE	
CITY-ST-ZIP: TAMPA, FL 00000		24 CITY-ST-ZIP: TAMPA FL 33606	
TITLE: RIPC IMMEDIATE PAST CHAIR	<input type="checkbox"/> DELETE	31 TITLE: TREASURER / D T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JORDAN, PAM		32 NAME: JAMES HANLON	
STREET ADDRESS: 777 S HARBOR ISL BLVD STE 780		33 STREET ADDRESS: 101 E. KENNEDY BLVD, SUITE 1500	
CITY-ST-ZIP: TAMPA, FL 00000		34 CITY-ST-ZIP: TAMPA FL 33602	
TITLE: C CHAIRMAN.	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KANE, MARK		42 NAME:	
STREET ADDRESS: 702 N FRANKLIN ST		43 STREET ADDRESS: 600001831476	
CITY-ST-ZIP: TAMPA FL		44 CITY-ST-ZIP: -05/21/96--01037--011	
TITLE: PCEO	<input type="checkbox"/> DELETE	51 TITLE: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PLANT, PETER		52 NAME:	
STREET ADDRESS: 6 FORESTALL ROAD		53 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Mark M. Kane* DATE: 2/15/96 (1913) 228-1772

CR2E037 (12/95)