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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	1999				
DOCUMENT # J31507				02-01-1999 90043 026 ***150.00	
1. Corporation	n Name				
ILC UF	TAMPA BAY, INC.			1 148111 5 6166 11661 118F1 \$1161 \$1611 4661 61	AN DOOR PERM BIRN BIRN BIRN BIRN
Principal Plac	e of Business	Mailing Address			
1717 W 6TH S	T ·	1717 W 6TH ST			
STE 295 Austin TX 787	700	STE 295 Austin TX 78703		DO NOT WRITE IN T	HIS SPACE
US	· · · · · · · · · · · · · · · · · · ·	US		3. Date Incorporated or Qualifed	
**	1			09/04/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2717453	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax. 10. Name and Address of New Register	Yes No
	9. Name and Address of Current	t Kegistered Agent	81 Name	10. Name and Address of New Register	ied Agent
BRO	IIDA. JOEL D	*			· · · ·
605	- 75TH AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ST F	PETERSBURG BEACH FL 33706-1	1835	83	A CONTRACTOR OF THE PROPERTY O	
	•			。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
			84 City		85 Zip Code
41. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statute	es the above-named corr	poration submits this statement for the nurroes	a of changing its registered
office or r	to the providence of cookers at the			poration submits this statement for the purposi	
Militarent La	registered agent, or both, in the State of	of Florida. Such change was a	uthorized by the corporati	poration submits this statement for the purposition's board of directors. I hereby accept the ap	ppointment as registered
} শ⊍ভাagent. ⊩a	im familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flor	uthorized by the corporati rida Statutes.	ion's board of directors. I hereby accept the ap	ppointment as registered
AUSTagent. Fa	im familiar with, and accept the obligat	tions of, Section 607.0505, Fio	uthorized by the corporati rida Statutes. Registered Agent signature require		
} শ⊍ভাagent. ⊩a	im familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	nt and title if applicable. (NOTE	rida Statutes.		S AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	nt and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) 23 (1) DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI DP CRUSE, RONALD	nt and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI DP CRUSE, RONALD 1717 W 6TH ST #295	nt and title if applicable. (NOTE	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
NUSTAGENT. FA	Signature, typed or printed name of registered agent OFFICERS ANI DP CRUSE, RONALD 1717 W 6TH ST #295 AUSTIN TX 78703	itions of, Section 607.0505, Florical internal state of applicable. (NOTE) D DIRECTORS D DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
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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 reserver 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.

6.4 CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State