

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 # **K84025** (1)
1. Corporation Name
UNIVERSITY TECH CENTER I, INC.



Principal Place of Business: **5300 W CYPRESS STE 290 STE 290 TAMPA FL 33607 US**
Mailing Address: **5300 W CYPRESS STE 290 STE 290 TAMPA FL 33607 US**

3. Date Incorporated or Qualified: **04/28/1989**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21 **4902 Eisenhower Blvd.**
Suite, Apt. #, etc.
22 **Suite 155**
City & State
23 **Tampa, FL**
Zip Country
24 **33634** 25 **USA**
2a. Mailing Address
26 **4902 Eisenhower Blvd.**
Suite, Apt. #, etc.
27 **Suite 155**
City & State
28 **Tampa, FL**
Zip Country
29 **33634** 30 **USA**

4. FEI Number: **75-2284397**
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KELLY, PATRICK		1.2 NAME: Kelly, Patrick	
STREET ADDRESS: 5300 W CYPRESS		1.3 STREET ADDRESS: 4902 Eisenhower Blvd., Ste. 155	
CITY-ST-ZIP: TAMPA FL		1.4 CITY-ST-ZIP: Tampa, FL 33634	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERARD, CORBINO		2.2 NAME: Corbino, Gerard	
STREET ADDRESS: 5300 W CYPRESS		2.3 STREET ADDRESS: 4902 Eisenhower Blvd., Ste. 155	
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP: Tampa, FL 33634	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEVANE JR. DONALD L.		3.2 NAME: DeVane Jr., Donald L.	
STREET ADDRESS: 5300 W CYPRESS		3.3 STREET ADDRESS: 4902 Eisenhower Blvd., Ste. 155	
CITY-ST-ZIP: TAMPA FL		3.4 CITY-ST-ZIP: Tampa, FL 33634	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WOODWARD, DAN		4.2 NAME: Woodward, Dan	
STREET ADDRESS: 5300 W CYPRESS		4.3 STREET ADDRESS: 4902 Eisenhower Blvd., Ste. 155	
CITY-ST-ZIP: TAMPA FL		4.4 CITY-ST-ZIP: Tampa, FL 33634	
TITLE: AS	<input type="checkbox"/> DELETE	5.1 TITLE: AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SALEMME, SUSAN		5.2 NAME: Salemme, Susan	
STREET ADDRESS: 5300 W CYPRESS		5.3 STREET ADDRESS: 4902 Eisenhower Blvd., Ste. 155	
CITY-ST-ZIP: TAMPA FL		5.4 CITY-ST-ZIP: Tampa, FL 33634	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerard Corbino* **GERARD CORBINO** 23 APR 96 813-815-7443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)