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FILED

**Jan 31 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

**4902 EISENHOWER BLVD
SUITE 155
TAMPA FL 33634
US**

Mailing Address

**4920 EISENHOWER BLVD
SUITE 155
TAMPA FL 33634-6311
US**

3. Date Incorporated or Qualified

04/28/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 **4902 Eisenhower Blvd.**

Suite, Apt. #, etc.

22 **Suite 155**

City & State

23 **Tampa, FL**

Zip

24 **33634**

Country

25 **USA**

2a. Mailing Address

26 **4902 Eisenhower Blvd.**

Suite, Apt. #, etc.

27 **Suite 155**

City & State

28 **Tampa, FL**

Zip

29 **33634**

Country

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

8. 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**

10. Name and Address of New Registered Agent

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KELLY, PATRICK	
STREET ADDRESS	4902 EISENHOWER BLVD STE 155	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERARD, CORBINO	
STREET ADDRESS	4902 EISENHOWER BLVD #155	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEVANE JR. DONALD L.	
STREET ADDRESS	4902 EISENHOWER BLVD #155	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODWARD, DAN	
STREET ADDRESS	5300 W CYPRESS	
CITY - ST - ZIP	TAMPA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SALEMME, SUSAN	
STREET ADDRESS	4902 EISENHOWER BLVD STE 155	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Woodward, Dan
4.3 STREET ADDRESS	4902 Eisenhower Blvd., Ste. 155
4.4 CITY - ST - ZIP	Tampa, FL 33634
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Gerard Corbino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-885-7443

Daytime Phone #

0367061

CR2E034 (9/96)