

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N02350** (9)

1. Corporation Name
INTERSTATE PARK OF COMMERCE OWNERS ASSOCIATION, INC.



Principal Place of Business: % 300 HYDE PARK AVENUE TAMPA FL 33606
Mailing Address: P.O. BOX 23488 TAMPA FL 33623-3488 US

3. Date Incorporated or Qualified: 04/03/1984
3a. Date of Last Report: 06/19/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1989749	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIKMAN, ROBERT J 300 HYDE PARK AVENUE TAMPA FL 33606	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

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: *[Signature]* DATE: 3/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	PRATHER, CHRISTOPHER	1.1 TITLE: VTD	McKINNEY, DAN
STREET ADDRESS: 150 2ND AVENUE NORTH	ST. PETERSBURG FL	1.2 NAME:	9920 ADAMO DRIVE
CITY-ST-ZIP:		1.3 STREET ADDRESS:	TAMPA, FL 33619
TITLE: PD	BORRER, WILLIAM	1.4 CITY-ST-ZIP:	
STREET ADDRESS: % 300 HYDE PARK AVENUE	TAMPA FL 33606	2.1 TITLE:	
CITY-ST-ZIP:		2.2 NAME:	
TITLE: VD	HARRINGTON, TOM	2.3 STREET ADDRESS:	
STREET ADDRESS: 3710 CORPOREX DRIVE, SUITE 100	TAMPA FL	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE: SD	RIVARD, ROGER
TITLE:		3.2 NAME:	9740 ADAMO DRIVE
STREET ADDRESS:		3.3 STREET ADDRESS:	TAMPA, FL 33619
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
STREET ADDRESS:		5.1 TITLE:	
CITY-ST-ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
STREET ADDRESS:		5.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		6.1 TITLE:	
TITLE:		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 3-15-96

CR2E037 (12/95)