

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000072441 (7)**

1. Corporation Name  
**NEW TAMPA, INC.**



Principal Place of Business: **401 PROVIDENCE ROAD BRANDON FL 33511**  
Mailing Address: **401 PROVIDENCE ROAD BRANDON FL 33511**

3. Date Incorporated or Qualified: **10/19/1993**      3a. Date of Last Report: **01/28/1995**

21	2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22	4. FEI Number <b>22-3260340</b>	Applied For <input type="checkbox"/> Not Applicable		
22	22	27	27	23	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23	23	28	28	24	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24	24	29	29	25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INGLIS, JOHN S SHUMAKER, LOOP &amp; KENDRICK 1014 E. KENNEDY BLVD., SUITE 2500 TAMPA FL 33602</b>				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 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSLER, WARREN</b>	1.2 NAME	
STREET ADDRESS	<b>401 PROVIDENCE RD. BRANDON FL 33511</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BRANDON FL 33511</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILF, LEONARD</b>	2.2 NAME	
STREET ADDRESS	<b>820 MORRIS TURNPIKE SHORT HILLS NJ 07078</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SHORT HILLS NJ 07078</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILF, ZYGMUNT</b>	3.2 NAME	
STREET ADDRESS	<b>820 MORRIS TURNPIKE SHORT HILLS NJ 07078</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SHORT HILLS NJ 07078</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILF, MARK</b>	4.2 NAME	
STREET ADDRESS	<b>820 MORRIS TURNPIKE SHORT HILLS NJ 07078</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SHORT HILLS NJ 07078</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
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-STATE-ZIP		6.4 CITY-STATE-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 in 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: **WARREN KINSLER**      2/7/96      Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)