

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

**FILED**  
**Mar 09 1998 8:00am.**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000072441 (7)**  
 1. Corporation Name  
**NEW TAMPA, INC.**



Principal Place of Business <b>401 PROVIDENCE ROAD BRANDON FL 33511</b>	Mailing Address <b>401 PROVIDENCE ROAD BRANDON FL 33511</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/19/1993</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>22-3260340</b>	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**INGLIS, JOHN S  
 SHUMAKER, LOOP & KENDRICK  
 1014 E. KENNEDY BLVD., SUITE 2500  
 TAMPA FL 33602**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
	<b>Shumaker, Loop &amp; Kendrick, LLP</b>	<b>Tampa</b>	<b>FL</b>	<b>33602</b>

11. Pursuant to the provisions of Sections 607.0602 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 their applicable (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.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	1.4 CITY-ST-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</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	2.4 CITY-ST-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</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	3.4 CITY-ST-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</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplementary 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 and a registered 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 in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **Warren Kinsler, Director** 2/7/98 813/968-7914

CP2E034 (10/97)