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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:18

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000037001 (2)

1. Corporation Name
4001 TAMPA, INC.

Principal Place of Business 4099 NW 31ST AVE LAUDERDALE LAKES FL 33309	Mailing Address 4099 NW 31ST AVE LAUDERDALE LAKES FL 33309
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1994	3a. Date of Last Report
4. FEI Number 65-0550773	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 2400 E. Commercial Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 204
City & State 23	City & State 28 Ft. Lauderdale, FL
Zip 24	Country 25
Zip 29 33308	Country 30 USA

9. Name and Address of Current Registered Agent

**SCHOLNIK, LOUIS N
 2400 E COMMERCIAL BLVD
 SUITE 820
 FT LAUDERDALE FL 33308**

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 or director, if applicable) (Date) Registered Agent (signature required when mandating) (Date)

12. OFFICERS AND DIRECTORS

TITLE D	NAME KAHOOK, NOFAL
STREET ADDRESS 748 NW 100TH TER	
CITY, ST, ZIP PLANTATION FL 33324	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Kahook, Nofal	
13 STREET ADDRESS 2400 E. Commercial Blvd, Suite 204	
14 CITY, ST, ZIP Ft. Lauderdale, FL 33308	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nofal Kahook **6/2/95 (305) 771-3776**
Signature (typed or printed name of signing officer or director) Date Telephone Number