

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

FILED

**Feb 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000106671 (5)
1. Corporation Name
GREATER TAMPA BAY AFFILIATES, INC.



Principal Place of Business: **801 W BAY DR. STE 428 LARGO FL 33770**
Mailing Address: **801 W BAY DR. STE 428 LARGO FL 33770**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1997**
4. FEI Number: **65-0800177**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**THOMAS, THOMAS J
14155 US HWY 1, STE 304
JUNO BEACH FL 33408**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ESPOSITO, PHIL	
STREET ADDRESS	5100 PILGRIMS PATHWAY, UNIT H	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LORBER, CURTIS	
STREET ADDRESS	105 DUANE ST, STE 48-F	
CITY-ST-ZIP	NEW YORK NY 10007	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIVERA, JOHN	
STREET ADDRESS	105 DUANE ST, STE 48-F	
CITY-ST-ZIP	NEW YORK NY 10007	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRIZIN, JEROME	
STREET ADDRESS	801 W BAY DR, STE 428	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	THOMAS, THOMAS J	
STREET ADDRESS	14155 US HWY 1, STE 304	
CITY-ST-ZIP	JUNO BEACH FL 33408	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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. Also an attachment with an address.

[Handwritten signature and date: 2/12/98]

CR2E034 (10/97)