

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 206841

Entity Name: DIMARE TAMPA, INC.**Current Principal Place of Business:**8150 EAGLE PALM DR
RIVERVIEW, FL 33578**Current Mailing Address:**P.O. BOX 900460
HOMESTEAD, FL 33090-0460**FEI Number:** 59-0813011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHER, CHARLES P
2655 LEJUNE RD
SUITE 1101
CORAL GABLES, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	DIMARE, PAUL J.
Address	258 N.W. 1ST AVE.
City-State-Zip:	FLORIDA CITY FL

Title	V
Name	BRUNO, CHARLES E.
Address	8150 EAGLE PALM DR
City-State-Zip:	RIVERVIEW FL 33578

Title	STD
Name	DIMARE, ANTHONY J.
Address	258 N.W. 1ST AVE.
City-State-Zip:	FLORIDA CITY FL

Title	DV
Name	DIMARE, SCOTT M
Address	258 NW 1ST AVE
City-State-Zip:	FLORIDA CITY FL 33034

Title	V
Name	TAYLOR, CHERYL A
Address	4629 DIPLOMACY ROAD
City-State-Zip:	FORT WORTH TX 76155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE ANDERSON**CONTROLLER****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date