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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 299617

(1)

FILED Apr 14 1998 8:00am Secretary of State

Principal Pl	Ace of Business	TAMPA, INC. Mailing Address			
1312 N TAMPA ST 1312 N TAMPA ST TAMPA FL 33602 TAMPA FL 33602				DO NOT WRITE IN THIS SPACE	
	,			3. Date Incorporated or Qualified 12/10/1965	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		59-1107072	Not Applicable
Suite, Apt. #, etc.		Suite, Ap1. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28	1 0 1	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 9. Name and Address of Curre	29 nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Regist	
1	HILL, LEWIS H., III 101 E KENNEDY BV ST 3650 AMPA FL 33601-0391		81 Name 82 Street Addi 83 84 City	ress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
SIGNATUR	Signature, typiod or printed name of registration ag	ont and title if applicable (NC	TE Registered Agent signature requi		DATE
12.	PT OF FICE AS AS	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	RIVERS,PHILLIP I		1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	POTAMITTIS, NICHOLAS I		2.2 NAME		
STREET ADDRES			2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	T	2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	RIVERS, ADAMANTIA D		3.2 NAME		
STREET ADDRES	SS 588 MARMORA AVENUE TAMPA FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition
NAME	RIVERS, ADAMANTIA D		4, 2 NAME		
STREET ADDRES			4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	ss		5.3 STREET ADDRESS		
CITY-ST-ZIP	\mathbf{I}		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRES	ss		6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
44 I hereb	w certify that the information europlied a	with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i). Florida Statutes, I furt	her certify that the information

1. 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 chapterd, or on an attachment with an address.

CICALATUDE.

idamarlia D. Kires

4/3/98

813-229-2172