

FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766777 (7)**  
 1. Corporation Name  
**TAMPA-BAY ECONOMIC DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**2112 N. 15TH ST.** **2112 N. 15TH ST.**  
**2ND FLOOR** **2ND FLOOR**  
**TAMPA FL 33605** **TAMPA FL 33605**



2. Principal Place of Business 21 2105 N. Nebraska Ave. Suite, Apt. #, etc. 22 3rd Floor City & State 23 Tampa, Florida Zip 24 33602	2a. Mailing Address 26 2105 N. Nebraska Ave. Suite, Apt. #, etc. 27 3rd Floor City & State 28 Tampa, Florida Zip 29 33602	Country 25 U.S.A.	Country 30 U.S.A.
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3. Date Incorporated or Qualified <b>01/31/1983</b>
4. FEI Number <b>59-2254178</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>RODRIGUEZ JR., SANTOS H.</b> <b>2112 N. 15TH STREET</b> <b>2ND FLOOR</b> <b>TAMPA FL 33605</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2105 N. Nebraska</b> 83 <b>3rd Floor</b> 84 City <b>Tampa,</b> 85 Zip Code <b>FL 33602</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RODRIGUEZ, SANTOS H.</b>		1.2 NAME	
STREET ADDRESS <b>2112 N.15TH ST., 2ND FLOOR</b>		1.3 STREET ADDRESS <b>2105 N. Nebraska Avenue - 3rd Floor</b>	
CITY-ST-ZIP <b>TAMPA FL 33605</b>		1.4 CITY-ST-ZIP <b>Tampa, Florida 33602</b>	
TITLE <b>D-C</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>VIVERO, JOSE</b>		2.2 NAME	
STREET ADDRESS <b>2112 N. 15TH ST., 2ND FLOOR</b>		2.3 STREET ADDRESS <b>2105 N. Nebraska Avenue - 3rd Floor</b>	
CITY-ST-ZIP <b>TAMPA FL 33605</b>		2.4 CITY-ST-ZIP <b>Tampa, Florida 33602</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>IBARRA, RONALD G</b>		3.2 NAME	
STREET ADDRESS <b>2112 N. 15TH ST., 2ND FLOOR</b>		3.3 STREET ADDRESS <b>2105 N. Nebraska Avenue - 3rd Floor</b>	
CITY-ST-ZIP <b>TAMPA FL 33605</b>		3.4 CITY-ST-ZIP <b>Tampa, Florida 33602</b>	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>FISHER, HERBERT R.</b>		4.2 NAME	
STREET ADDRESS <b>2112 N. 15H ST., 2ND FLOOR</b>		4.3 STREET ADDRESS <b>2105 N. Nebraska Avenue - 3rd Floor</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		4.4 CITY-ST-ZIP <b>Tampa, Florida 33602</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ROUSE, MARYANNE</b>		5.2 NAME	
STREET ADDRESS <b>2112 N. 15TH ST., 2ND FLOOR</b>		5.3 STREET ADDRESS <b>2105 N. Nebraska Avenue - 3rd Floor</b>	
CITY-ST-ZIP <b>TAMPA FL 33605</b>		5.4 CITY-ST-ZIP <b>Tampa, Florida 33602</b>	
TITLE <b>D-VC</b>	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HERNANDEZ, GIL</b>		6.2 NAME	
STREET ADDRESS <b>2112 N. 15TH ST., 2ND FLOOR</b>		6.3 STREET ADDRESS <b>2105 N. Nebraska Avenue - 3rd Floor</b>	
CITY-ST-ZIP <b>TAMPA FL 33605</b>		6.4 CITY-ST-ZIP <b>Tampa, Florida 33602</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: \_\_\_\_\_

Santos H. Rodriguez, President 1/15/97

CR2E037 (10/97)