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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90025 040 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766777**

1. Corporation Name

**TAMPA-BAY ECONOMIC DEVELOPMENT CORPORATION**

106107-90025-40

Principal Place of Business

2105 N NEBRASKA VE  
3RD FLOOR  
TAMPA FL 33602  
US

Mailing Address

2105 N NEBRASKA AVE  
3RD FLOOR  
TAMPA FL 33602  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

01/31/1983

4. FEI Number

59-2254178

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ JR., SANTOS H.  
2105 N NEBRASKA AVE, 3RD FLOOR  
2ND FLOOR  
TAMPA FL 33602

81 Name

Rodriguez Jr., Santos H.

82 Street Address (P.O. Box Number is Not Acceptable)

2105 N. Nebraska Ave.

83

3rd Floor

84 City

Tampa

FL

85 Zip Code

33602

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, SANTOS H.	1.2 NAME	
STREET ADDRESS	2105 N NEBRASKA AVE, 3RD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	D-C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVERO, JOSE	2.2 NAME	
STREET ADDRESS	2105 N NEBRASKA AVE, 3RD FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBARRA, RONALD G	3.2 NAME	
STREET ADDRESS	2105 N NEBRASKA AVE, 3RD FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, HERBERT R.	4.2 NAME	
STREET ADDRESS	2105 N NEBRASKA AVE, 3RD FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, MARYANNE	5.2 NAME	
STREET ADDRESS	2105 N NEBRASKA AVE, 3RD FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	
TITLE	D-VC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GIL	6.2 NAME	
STREET ADDRESS	2105 N NEBRASKA AVE, 3RD FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature] PRESIDENT**

01/06/99

(813) 274-7970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)