

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000643 (5)**

1. Corporation Name

**FIRST ALLIED TAMPA CORPORATION**



Principal Place of Business

Mailing Address

1482 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480

1482 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480

3. Date Incorporated or Qualified <b>02/07/1995</b>	3a. Date of Last Report
4. FEI Number <b>52-1722287</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J ESQ.  
101 E. KENNEDY BLVD., STE. 3700  
TAMPA FL 33602

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

Signature typed or printed name of registered agent and the Florida State Department of State (in the case of a foreign agent) and the date of signature.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP GLAZER, MALCOLM I	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1482 SOUTH OCEAN BLVD.	12 NAME	
STREET ADDRESS	PALM BEACH FL 33480	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DVS GLAZER, BRYAN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1255 W BELDEN AVE., STE. 8B	22 NAME	← SAME
STREET ADDRESS	CHICAGO IL 60614	23 STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP		24 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DVT GLAZER, JOEL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1482 SOUTH OCEAN BLVD.	32 NAME	← SAME
STREET ADDRESS	PALM BEACH FL 33480	33 STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA, FL 33607
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bryan Glazer* BRYAN GLAZER 5/13/96 (813) 870-2700

CR2E034 (12/95)