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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001826 (5)

1. Corporation Name

NEW TAMPA CAPITAL CORPORATION



Principal Place of Business

1415 FOULK ROAD, SUITE 200
FOULKSTONE PLAZA
WILMINGTON DE 19803

Mailing Address

1415 FOULK ROAD, SUITE 200
FOULKSTONE PLAZA
WILMINGTON DE 19803-2727

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite 205

23 City & State

24 Zip

Country

26 Suite, Apt. #, etc.

27 Suite 205

28 City & State

29 Zip

Country

4. FEI Number

51-0365836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME ROTHMAN, ROBERT
STREET ADDRESS 100 N. TAMPA ST.
CITY- ST- ZIP TAMPA FL

TITLE VTD ☐ DELETE

NAME BUCHANAN, KIM P
STREET ADDRESS 100 N. TAMPA ST.
CITY- ST- ZIP TAMPA FL 33602

TITLE VS ☐ DELETE

NAME VOSS, DEANNA
STREET ADDRESS 1415 FOULK RD.
CITY- ST- ZIP WILMINGTON DE 19803

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 16057 Tampa Blvd. W., Box 198
1.4 CITY- ST- ZIP Tampa, FL 33647

2.1 TITLE EVPT D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 6211 Emmons Lane
2.4 CITY- ST- ZIP Tampa, FL 33647

3.1 TITLE VPS ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS Suite 205
3.4 CITY- ST- ZIP

4.1 TITLE PCOOD ☐ Change ☒ Addition

4.2 NAME Shaker A. Youssef
4.3 STREET ADDRESS 1415 Foulk Rd, Ste 205
4.4 CITY- ST- ZIP Wilmington, DE 19803

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

(800) 477-5900

Daytime Phone

0008480

CR2E034 (9/96)