

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003432

1. Entity Name
SOUTHGATE TAMPA INDUSTRIAL, INC.



<i>Principal Place of Business</i> % QUADRELLE REALTY ONE WEST AVE LARCHMONT, NY 10538	<i>Mailing Address</i> % QUADRELLE REALTY ONE WEST AVE LARCHMONT, NY 10538
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DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2104828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BRUDERMAN, ROBERT
 551 NW 77TH ST, SUITE 100
 BOCA RATON, FL 33487

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP LANG, BARRY 5980 E. TERRA GRANDE TUCSON, AZ 85750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV WENDEL, GERALD 215 S. MONARCH ST ASPEN, CO 81611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LICHTER, STUART 4300 VIA ALONDRA PALOS VERDES ESTATES, CA 90274
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BERGMAN, THOMAS H 525 VINE ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000168281
 07/26/04-80007-012 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR