

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 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 # **G86461** (2)

1. Corporation Name

FLORIDA TECHNICAL COLLEGE OF TAMPA, INC.

Principal Place of Business

**C/O NEIL R. EULIANO
1819 N SEMORAN BLVD
ORLANDO FL 32807-3546**

Mailing Address

**C/O NEIL R. EULIANO
1819 N SEMORAN BLVD
ORLANDO FL 32807-3546**



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

**EULIANO, NEIL R.
1819 N. SEMORAN BLVD.
ORLANDO FL 32807**

9. Name and Address of Current Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **P** ☒ DELETE
NAME **EULIANO, NEIL R.**
STREET ADDRESS **1819 N. SEMORAN BLVD**
CITY - ST - ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE
NAME **DOWLING, KENNETH B**
STREET ADDRESS **1819 N. SEMORAN BLVD**
CITY - ST - ZIP **ORLANDO FL**

TITLE **S** ☐ DELETE
NAME **EULIANO, CAROLYN A.**
STREET ADDRESS **1819 N SEMORAN BLVD**
CITY - ST - ZIP **ORLANDO FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Dowling, Kenneth B.**
2.3 STREET ADDRESS **1819 N. Semoran Blvd.**
2.4 CITY - ST - ZIP **Orlando, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Euliano, John D.**
4.3 STREET ADDRESS **1819 N. Semoran Blvd.**
4.4 CITY - ST - ZIP **Orlando, FL**

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:

Kenneth B. Dowling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/97

Date

(407) 678-5600

Daytime Phone #

006387

CR2E034 (9/96)