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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H39964 DOCUMENT #
1. Corporation Name

(2)

W.J. OF TAMPA, INC.

Principal Place of Business

Mailing Address



3801 NORTH 41ST STREET TAMPA FL 33610			3801 NORTH 41ST STREET TAMPA FL 33610			
					3. Date Incorporated or Qualified 01/28/1985	3a. Date of Last Report 04/06/1995
2. Principal Pia	ice of Business	2a. Mailing Ado	Iress		4. FEI Number	Applied For
21		26			59-2872556	Not Applicable
Suite, Apt. #		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	-1 '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country • 25	Z _I p 29	30 Cour	ntry	R. This corporation has liability for in Florida Statutes	⊠ No
	9. Name and Address of Curr	ent Registered Agent	anno de la compania del compania de la compania de la compania del compania de la compania del la compania del la compania de la compania del la compania de la compania de la compania del la compania de la compania del la compania	81 Name	10. Name and Address of New R	egistered Agent
ALL PAL	CTCOHEN					
ALLEN, C. STEPHEN 4830 W KENNEDY BLVD, STE 340 TAMPA FL 33609				82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
IAMPA F	£ 33609			83		
				84 City		FL 85 Zip Code
 Pursuant to or registere familiar wit 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fl h, and accept the obligations of, Se	:02 and 607.1508, Flori orida: Such change was action 607.0505, Florida	da Statutes, the abov s authorized by the or a Statutes.	re-named corpo orporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent, fam
SIGNATURE _				ر ماند رام در خان		
12.	Signature, typed or printed name of registered as OFFICERS 4	AND DIRECTORS	(NOTE: Bagetered a	Agent signature requir	ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTORS IN 12
TITLE	P	DD		ILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	WARREN, JOHN W.	_	1.2 NA			
STREET ADDRESS	WARRED BY ALOT OTRECT			REFT ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CIT	Y-ST-21P		
TITLE		DE	LETE 2 1 TIT	TLE .		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS	•		2381	REET ADDRESS		
CITY-ST-ZIP				Y - ST - ZIP		
TITLE		☐ DE		i i		Change Addition
NAME			3 2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		Fi or		Y-ST-ZIP		Change Cl Addition
TITLE		[]] DE	1			Change Addition
NAME			4.2 NA			
STREET ADDRESS				REET AUDRESS		
CITY-ST-ZIP TITLE				Y-ST-ZiP		Change Addition
NAME			5.2 NA			E Grange E Florition
STREET ADDRESS				REET ADDRESS		
CITY-\$1-ZIP				IY-ST-ZIP		
TITLE		[] DE				Change Addition
NAME			62 NA			
STREET ADDRESS				REET ADDRESS		
				TY-S1-ZIP		,
CITY-ST-ZIP	L		■ 0.4 CI	11-31-211	7	07/0/11 5: 14 0)

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:

4-30-96 813-626-1156