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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # W.J. III OF TAMPA, INC.

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H39966

(7)

Secretary of State

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Apr 14 1998 8:00am

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Principal Place of Business Mailing Address			. I materi aide mina varie seine aith dian aide aide aide aide aide aide aide aide		174 P.M. 21811 87811 1741
3601 N. 41ST. ST. TAMPA FL 33610	3801 N. 41ST, ST. TAMPA FL 33610			DO NOT WRITE IN THIS SPA	ACE
				3. Date incorporated or Qualified 01/28/1985	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
1]	26	_		59-2872564	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional Fee Required
City & State	City & State	State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Countr 30	у	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	•
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ALLEN, C. STEPHEN, ESQ. 4830 W KENNEDY BLVD, STE 340 TAMPA FL 33809		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
•		83	1		
		84	City	FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607,050, office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.</li> </ol>	of Florida. Such change was	authorized b	y the corporati	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoin	nanging its registered atment as registered
SIGNATURE					

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change WARREN, JOHN W. 1.2 NAME 3801 N 41ST ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-21P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ■ DELETE Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST-ZIP DELETE 61 TITLE ☐ Change \_\_\_ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-2IP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

(813) 626-1156