


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H91811** (0)

1. Corporation Name  
**TAMPA MGPC, INC.**

Principal Place of Business <b>14300 N. NEBRASKA TAMPA FL 33612 US</b>	Mailing Address <b>5895 WINDWARD PKWY. STE. 220 ALPHARETTA GA 30202-4182</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1985</b>	
21	Suite, Apt. #, etc.	26	<b>717 N. Harwood, Suite 1650</b>	4. FEI Number <b>58-1746605</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	<b>Dallas TX 75201</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	<b>75201</b>	30	Country
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMERAU, L. SCOTT</b>	1.2 NAME	
STREET ADDRESS	<b>5895 WINDWARD PKWY. STE. 220</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMERAU, JULIE E.</b>	2.2 NAME	
STREET ADDRESS	<b>5895 WINDWARD PKWY. STE. 220</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITMAN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>5895 WINDWARD PKWY, STE 220</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA 30202</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, BETTY M</b>	4.2 NAME	
STREET ADDRESS	<b>5895 WINDWARD PKWY. STE. 220</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA 30202-4182</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAVIS, ANN C</b>	5.2 NAME	
STREET ADDRESS	<b>5895 WINDWARD PKWY. STE. 220</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZPATRICK, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>5895 WINDWARD PKWY, STE 220</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALPHARETTA GA 30202</b>	6.4 CITY-ST-ZIP	

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 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: 

1/13/98

770-490-6645

CR2E034 (10/97)