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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J47824 (4)

DTM Tampa, Inc.

FILED Jun 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address											
410 N.	44th St., #700	410 1	N. 44th	St., #	/ 7(00					
Phoenix, AZ 85008 Phoenix, AZ 85008											
Į.	•		•				3. Date Incorporated or Qualified	3a. Date o	flast	Report	\neg
							December 18, 1986			5. 199	6
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				٦
21 26							86-0565967 Not A			lot Applicab	e
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired S8.75 Additional				\neg
22 27 City & State City & State							Fee Required				
City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				- 1
Zip	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032.				
24	25	29		30	,			Yes N		8. 199.032.	
 	9. Name and Address of Curren	t Registered	Agent	.			10. Name and Address of New Re-				ᅱ
			-		81	Name					\neg
	poration System			<u>}-</u>	82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			-
1200 S. Pine S Island Road Plantation, FL 33324							The design of the second secon				
					83						
				ļ	84	City		FL ⁶	Zip	Code	\dashv
11. Pursuant	to the provisions of Sections 607,050.	2 and 607,150	8. Florida Statu	tes the ab	ove	-named co	rooration submits this statement for the p		nging	its registere	\exists
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Suc ations of, Secti	ch change was ion 607.0505, Fi	authorized orida Statu	by ites	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appoint	nent as	s registered	
SIGNATURE			4.0		•	 -					.
12.	Signature Typed or printed name of registered age OFFICERS AND			13.	A Dac	reon erutengrati	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIE	ECTO	RS IN 12	\dashv_i
TITLE	P/D		DELETE	11 TITL	.E		7,007,010,010,110,020,10,017,0		Change	Additio	<u>, </u>
NAME	Richard M. Kellehe	r		1.2 NAN	v#£				-		
STREET ADDRESS	410 N. 44th St., #	700		1.3 STR	EET /	ADDRESS					
CITY-ST-ZIP	Phoenix AZ 85008			1.4 CITY	Y-ST	- ZIP					3
TITLE	V/T/D		DELETE	2 1 TITL	.E				Change	Additio	مار
NAME	David A. Heuck			2.2 NAA	ME	İ					
STREET ADDRESS	410 N. 44th St., #	700		2.3 STA	133	address					ł
CITY-ST-ZIP	Phoenix, AZ 85008		1 55,556	2. 4 CIT		T-ZIP					_
TITLE	S/D		☐ DELETE	3 1 TITL				Ц	Change	Additio	١
NAME	Beverly S. Brown	700		3 2 NAN							
STREET ADDRESS	410 N. 44th St., # Phoenix, AZ 85008	700				ADDRESS					
CITY-ST-ZIP TITLE	FRUEITIA, AZ 00000		☐ DELETE	3.4. CIT 4.1 TITL		1 - ZIP			Change	Additio	긁
NAME				4 2 NA				لسا	onerige.	Auditio	"
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CITY				1.			
TITLE	1, <u>11,1</u>		DELETE	5.1 TITL					Chapge	Additio	$\overline{}$
NAME				5 2 NAN				/// 7.			1
STREET ADDRESS						ADDRESS	S ₄	(1) (p)	(S/	92	
CITY-ST-ZIP				5.4 CITY				W	Y	17	
TITLE			DELETE	61 TITL					Change	Additio	\vec{a}
NAME				6.2 NAN	ΔE		70000221 -06/18/97010	581	ī'		- [
STREET ADDRESS				6 3 STR	EET /	ADDRESS	-06/18/97010	67007			
CITY - ST - ZIP			···	6.4 C(T)			***550.00		<u></u>]
14. I do heret	by certify that the/information supplied	//with this filing	does not quali	ify for the e	xen	nption state	ed in Section 119.07(3)(i), Florida Statutes	. I further cer	ify that	t the	

Too nereby certify that the information supplied/with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation of the seeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or back 13 if changed or on an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

(602)220-6778
Date Daytime Phone #