

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90008 043 \*\*\*150.00  
 09-03-1999 90008 010 \*\*\*408.75

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J52259** ✓

1. Corporation Name  
**CAMA OF TAMPA, INC.**



Principal Place of Business 100 NORTH TAMPA SUITE 1925 TAMPA FL 33602	Mailing Address 100 NORTH TAMPA SUITE 1925 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/16/1987</b>	
4. FEI Number <b>58-1710272</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>100 NORTH TAMPA</b>	2a. Mailing Address 26 <b>75 14th street</b>
Suite, Apt. #, etc. 22 <b>SUITE 1925</b>	Suite, Apt. #, etc. 27 <b>Suite 2200</b>
City & State 23 <b>TAMPA FL</b>	City & State 28 <b>Atlanta GA</b>
Zip 24 <b>33602</b>	Country 25 <b>USA</b>
Zip 29 <b>30309</b>	Country 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VTS
NAME	MANN, TIMOTHY JR.	1.2 NAME	MULLINAK, BRADY W JR
STREET ADDRESS	75-14TH STREET, SUITE 2200	1.3 STREET ADDRESS	75 14TH STREET SUITE 2200
CITY-ST-ZIP	ATLANTA GA 30309	1.4 CITY-ST-ZIP	ATLANTA, GA 30309
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 affidavit that I am so empowered.

SIGNATURE: SIGNATURE REQUIRED **7/20/99 404 817 9440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)