## FILED **FILE NOW: FILING FEE AFTER MAY 1 IS \$55** Apr 21 1997 8:00am STATE FLORIDA DEPARTMENT CORPORATION Secretary of State Sandra B. Mori ANNUAL REPORT Secretary of Sta IONS DIVISION OF CORPO 1997 DOCUMENT # J70593 (5)HILLSBOROUGH PLAYERS, INC. Principal Place of Business Mailing Address 3625 EAST HILLSBOROUGH AVENU 8625 EAST HILLSBOROUGH AVENUE TAMPA FL 33610-4537 TAMPA FL 33610 3a. Date of Last Report 3. Date Incorporated or Qualified 04/12/1996 04/29/1987 Applied For 4. FEI Number Not Applicable 2. Principal Place of Business 2a. Mailing Address 59-2800944 \$8.75 Additional 21 26 $\Box$ 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 27 źż 6. Election Campaign Financing Added to Fees City & State City & State Trust Fund Contribution This corporation has liability for intangible tax under s. 199.032, 23 Yes No Country Zip Florida Statutes 10. Name and Address of New Registered Agent 30 25 9. Name and Address of Current Registered Agent VETZEL, KIMBERLY JANE Street Address (P.O. Box Number is Not Acceptable) 117 NEVING DRIVE **TAMPA FL 33613** Zip Code **B4** City ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta Agent signature required when reinstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and title if applicable (NOTE flegister \_\_\_ Addition Change OFFICERS AND DIRECTORS 13. 12. DELETE 1.11 TITLE VETZEL, KIMBERLY JANE HEET ADDRESS NAME 117 NEVING DRIVE 1.3 STREET ADDRESS Y-ST-ZIP Addition Change TAMPA FL CITY-ST-ZIP DELETE 2.1 TITLE VETZEL, KIMBERLY JANE 2.21 HEET ADDRESS NAME 117 NEVING DRIVE 1Y - S1 - ZIP STREET ADDRESS TAMPA FL Change Addition CITY-ST-ZIP DELETE 3.1 TITLE 32 REET ADDRESS NAME 3.3 1Y-\$1-ZIP STREET ADDRESS Change Addition 34. CITY-ST-ZIP DELETE 4.1 TITLE 4.2 (EFT ADDRESS Y-ST-ZIP STREET ADDRESS Change Addition CITY-ST-ZIP DELETE 51 TITLE 5.2 EE1 ADDRESS NAME /- \$1-ZIP STREET ADDRESS Change Addition CITY-ST-ZIP DELETE 6.1 EFT ADDRESS NAME

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that poute this report as required by Chapter 607, Florida Statutes; and that my name

(813) 237-0140

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STREET ADDRESS

14. Ido hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and tam an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 3 if changed, or on an attachment with an address.