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Secretary of State

02-20-1999 90012 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K72328

1. Corporation Name

THE NALLA CORPORATION OF TAMPA, INC.

Principal Place of Business

**C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD. C-1
TAMPA FL 33634**

Mailing Address

**C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD. C-1
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1989

4. FEI Number

65-0131777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**ABRAMS, ALLAN
4710 EISENHOWER BLVD.
STE. C-1
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
ABRAMS, ALLAN
4710 EISENHOWER BLVD.
TAMPA FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
ABRAMS, ELAINE
4710 EISENHOWER BLVD.
TAMPA FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LLEWELLYN, ROBERTA
4710 EISENHOWER BLVD
TAMPA FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHAPIRO, JAMES J.
4710 EISENHOWER BLVD., C-1
TAMPA FL**

TITLE
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STREET ADDRESS
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Shapiro, President 2/01/99 (813) 889-8855

Date

Daytime Phone #

CR2E034 (11/98)

0397971