

2-10-97 B-1575 C
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FILED
 Feb 10 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K80827 (4)
 1. Corporation Name
 FLORIDA PROPERTIES TAMPA, INC.



Principal Place of Business: C/O ROBERT M. BRYAN, 16011 TAMPA PALMS BLVD., WEST TAMPA FL 33647

Mailing Address: C/O ROBERT M. BRYAN, 16011 TAMPA PALMS BLVD., WEST TAMPA FL 33647-2001

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 04/17/1989
 3a. Date of Last Report: 03/12/1996
 4. FEI Number: 59-2943079
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 BRYAN ROBERT M.
 16011 TAMPA PALMS BLVD., WEST
 TAMPA FL 33647

10. Name and Address of New Registered Agent (81-85)

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

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	BRYAN, ROBERT M.H.	
STREET ADDRESS	16011 TAMPA PALMS BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, ROBERT M.H.	
STREET ADDRESS	16011 TAMPA PALMS BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Jayne M. Bryan	
STREET ADDRESS	16011 Tampa Palms Blvd	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Thomas H. Watts	
STREET ADDRESS	17513 meadow bridge	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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: Robert M. Bryan 2/13/97 813-977-8900

CR2E034 (9/96)