FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K99006 (4)

1. Corporate Name
WEST TAMPA PROPERTIES, INC.

Principal Place of Business
C/O ALFREDO FORGIONE
1301 NORTH ROME AVE.
TAMPA FL 33607

Mailing Address
C/O ALFREDO FORGIONE
1301 NORTH ROME AVE.
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1989
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: 65-0131407 — 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. The corporation has authority to indemnify as provided in Section 607.0850, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FORGIONE, ALFREDO
1301 NORTH ROME AVE.
TAMPA FL 33607

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 Section 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS

D
FORGIONE, ALFREDO
1301 NORTH ROME AVE.
TAMPA FL 33607

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, if correct and complete, qualifies for the exemption stated in Section 607.0122(18), Florida Statutes. I further certify that the information shown on the annual report or supplemental annual report filing, if any, is accurate and that the signature shown below is that of a duly elected officer or director of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 above if I am an officer or director of the corporation with an address.

SIGNATURE: A. Forgione AL FORGIONE 4-28-95 813-254-2843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0202810 CP