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CORPORATION ANNUAL REPORT



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

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(3)

DOCUMENT #
1. Corporation Name

SWF TAMPA REALTY DEVELOPMENT CORP.

Principal Place	of Duringe	Mailing Address				*** **** **** ****	
Principal Place		•					
100 FEDER	RAL ST.	C/O STEVE HUDSON					
01-34-02		100 FEDERAL STREET	,				
BOSTON I	MA 02110	BOSTON MA 02110 US			9 Data languageted or Ovalified	3a Data of Lo	ot Donort
US		ŲS			<ol> <li>Date Incorporated or Qualified 04/06/1990</li> </ol>	3a. Date of Lat 05/0	1/1995
						00,0	
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number 04-3087373	L	Applied For
<sub>21</sub>   100 Fe	ederal Street	26 100 Federal	. Street	E	043067373		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		`	E Codificate of Status Designed	_ \$8	.75 Additional
22 01-19-	-03	27 01-19-03			5. Certificate of Status Desired		ee Required
City & Stati		City & State			6. Election Campaign Financing	¢!	5.00 May Be
Bostor	n, MA	Boston, MA			Trust Fund Contribution	1 1	dded to Fees
-9	Country	<del></del>	Country				
Z <sub>(P</sub> 02110	- TIOA	Zip 02110	Country	SA	8. This corporation has liability for	Intangiole tax uno	ar 8 199.032,
24 02110			30 US	JA			
	9. Name and Address of Curr	ent Registered Agent		·	10. Name and Address of New F	legistered Agent	
			81	Name			
CTC	ORPORATION SYSTEM			Change	Idelians (D.O. Day Number is blot Assessed	1=1	
1200	SOUTH PINE ISLAND ROAD		82	Street A	Addrèss (P.O. Box Number is Not Acceptab	не)	
	TATION FL 33324		83				
LOUIT	IAHON I E 33324		63				
	•		84	City		<b></b> 85	Zip Code
	•		"	),		FL  "	Lp 0000
	to the rive joines of Continue CO7 OF	02 and 607 1508. Florida Statutes	s, the above i	named cor	moration submits this statement for the pur	roose of changing	its registered office
11 Pursuant		oz ana con noce, noma oranore		oration's t	board of directors. I hereby accept the app	ointment as regist	ered agent. I am
11. Pursuant or register	red agent, or both, in the State of Flo	orida. Such change was authorize	a by the corp	oranon o a			
11. Pursuant or register familiar wi	to the provisions of Sections 607.05 red agent, or both, in the State of Flo ith, and accept the obligations of, Se	orida. Such change was authorize ection 607.0505, Florida Statutes.	a by the corp				
familiar wi	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	orida. Such change was authorize ection 607.0505, Florida Statutes.	a by the corp				
11. Pursuant or register familiar with SIGNATURE	To the provisions of sectors of the care of Fic- ith, and accept the obligations of, Se Signature, typed or printed name of registered ag-	ection 607.0505, Florida Statutes.			quired when reinstalling)	DATE	
familiar wi	ith, and accept the obligations of, Se  Signature, typed or printed name of registered age	ection 607.0505, Florida Statutes.			quired when reinstating) ADDITIONS/CHANGES TO OFF		CTORS IN 12
familiar wi SIGNATURE 12.	ith, and accept the obligations of, Se  Signature, typed or printed name of registered age	port and title if applicable. NOT	E: Registered Ager		quired when reinstating)		
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SIGNATURE: Steven P. Hudson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

April 24, 1996 617-434-5688

Daytime Phone #

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