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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 24 1997 8:00am

Secretary of State

96/6)

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L70367**

COYOTES OF TAMPA, INC.

CHTY-ST-ZIP

SIGNATURE:

Mailing Address Principal Place of Business 4426 W. GANDY BLVD. 4426 W. GANDY BLVD. TAMPA FL 33611-3302 **TAMPA FL 33611** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1990 05/10/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3044093 Not Applicable Suite. Apt. #, etc. \$8.75 Additional Suite, Apt. #, elc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip for intangible tax under s. 199.032, Zip This corporation has liability Yes 🔲 No 25 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MOJTABA, ESMKHANI 2909 BAY VISTA AVE Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33611** 83 City 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 pented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Addition Change DELETE 1.1 TITLE THE HAJ, FRIDON 1.2 NAME NAME 6301 S. WESTSHORE BLVD. #1007 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33616 1.4 CITY-ST-ZIP DITY-ST-7P Change Addition DELETE THLE 21 TITLE ESMKHANI, MOJTABA 22 NAME NAME 2909 BAY VISTA STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33611** CITY - \$1 - 2IP 2.4 CITY-ST-ZIP Addition DELETE 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CCTY - ST - ZIP 3.4 CITY-ST-ZIP DELETE [] Change Addition 4.1 TITLE THEF 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City - St - 7(P Addition DELETE Change 5.1 TITLE TULLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP ☐ Addition Change TITLE ■ DELETE 6.1 TITLE 6.2 NAME NAM! 6.3 STREET ADDRESS STREET ADORESS

6.4 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.