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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L70367

1. Corporation Name
COYOTES OF TAMPA, INC.

Principal Place of Business
4426 W. GANDY BLVD.
TAMPA FL 33611

Mailing Address
4426 W. GANDY BLVD.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1990

4. FEI Number

59-3044093

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 3123 W KENNEDY BLVD

Suite, Apt. #, etc.

22

City & State
23 TAMPA FL

Zip

24 33609 Country 25 US

2a. Mailing Address

26 3123 W. KENNEDY

Suite, Apt. #, etc.

27

City & State
28 TAMPA FL

Zip

29 33609 Country 30 US

9. Name and Address of Current Registered Agent

MOJTABA, ESMKHANI
2909 BAY VISTA AVE.
TAMPA FL 33611

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

TITLE P ☐ DELETE

NAME HAJ, FRIDON
STREET ADDRESS 6301 S. WESTSHORE BLVD. #1007
CITY-ST-ZIP TAMPA FL 33616

TITLE V ☐ DELETE

NAME ESMKHANI, MOJTABA
STREET ADDRESS 2909 BAY VISTA
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME HAJ, FRIDON
1.3 STREET ADDRESS 3123 W. KENNEDY BLVD
1.4 CITY-ST-ZIP TAMPA, FL 33609

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME ESMKHANI, MOJTABA
2.3 STREET ADDRESS 3123 W. KENNEDY BLVD
2.4 CITY-ST-ZIP TAMPA, FL 33609

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

FRIDON HAJ, FRIDON HAJ, P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 (813) 998-0800
Date Daytime Phone #

CR2E034 (11/98)