

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L79909 (2)**  
 1. Corporation Name  
**BARGE LIMITED CORPORATION**



Principal Place of Business <b>3802 DR. MLK BLVD. TAMPA FL 33614 US</b>	Mailing Address <b>PO BOX 25077 TAMPA FL 33623-5077 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 Legends Field</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>06/12/1990</b>	4. FEI Number <b>59-3015723</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22 One Steinbrenner Dr.</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City & State <b>23 Tampa FL</b>	City & State <b>28</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip <b>24 33614</b>	Country <b>25 USA</b>	Zip <b>29</b>	Country <b>30</b>	

9. Name and Address of Current Registered Agent <b>LYONS, RICHARD 3802 DR. MLK BLVD. TAMPA FL 33614</b>	10. Name and Address of New Registered Agent <b>81 Name Norman Stallings Jr. 82 Street Address (P.O. Box Number is Not Acceptable) Legends Field 83 One Steinbrenner Dr. 84 City Tampa FL 85 Zip Code 33614</b>
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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 Norman Stallings Jr. DATE 4/27/98  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>STEINBRENNER, GEORGE M. 3802 DR. MLK BLVD. TAMPA FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>One Steinbrenner Dr. Tampa FL 33614</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>SWINDAL, STEVE 3802 DR. MLK BLVD. TAMPA FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>One Steinbrenner Dr. Tampa, FL 33614</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>ZANG, ALLEN SHELBY &amp; FIRST AVE. NASHVILLE TN</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>MCCARTHY, SHEILA M 2502 ROCKY POINT ROAD, 890 TAMPA FL</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>One Steinbrenner Dr. Tampa, FL 33614</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 challenged, or on an attachment with an address.

**SIGNATURE:** Steph W. Jones DATE 4/27/98 (813) 281-9001  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (10/97)