

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>	
Suite, Apt. #, etc. <b>22 One Steinbrenner Dr.</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3015723</b>	
City & State <b>23 Tampa FL</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33614</b>		Country <b>25 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29</b>		Country <b>30</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	

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.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) Legends Field</b> <b>83 One Steinbrenner Dr.</b> <b>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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINBRENNER, GEORGE M.			1.2 NAME			
STREET ADDRESS	3802 DR. MLK BLVD.			1.3 STREET ADDRESS	One Steinbrenner Dr.		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa FL 33614		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWINDAL, STEVE			2.2 NAME			
STREET ADDRESS	3802 DR. MLK BLVD.			2.3 STREET ADDRESS	One Steinbrenner Dr.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, FL 33614		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZANG, ALLEN			3.2 NAME			
STREET ADDRESS	SHELBY & FIRST AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, SHEILA M			4.2 NAME			
STREET ADDRESS	2502 ROCKY POINT ROAD, 890			4.3 STREET ADDRESS	One Steinbrenner Dr.		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	Tampa, FL 33614		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Stephen W. Jones DATE 4/27/98 (B13) 281-9001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)