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May 06 1998 8:00am  
Secretary of State

NONPROFIT 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 # **N30755** (5)

1. Corporation Name

**THE DOWNTOWN CORPS. INC.**

Principal Place of Business

Mailing Address

P BOX 2387  
SUITE 600  
TAMPA FL 33601  
US

P O BOX 2387  
SUITE 600  
TAMPA FL 33601  
US

3. Date Incorporated or Qualified

**02/17/1989**

4. FEI Number

**59-2976396**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMIREZ, JULIO C JR**  
**SUNTRUST BANK TAMPA BAY**  
**401 E. JACKSON ST.**  
**TAMPA FL 33601**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVT** ☐ DELETE  
NAME **RAMIREZ, JULIO C JR**  
STREET ADDRESS **401 E. JACKSON ST**  
CITY-ST-ZIP **TAMPA FL 33601**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **THOMAS, SUSAN**  
STREET ADDRESS **100 S. ASHLEY DRIVE, STE. 1650**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **WARTH, DONALD**  
STREET ADDRESS **8305 W. RIVERCHASE DR.**  
CITY-ST-ZIP **TEMPLE TERRACE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE  
NAME **ZIEGLER, FRANCES**  
STREET ADDRESS **518 N. TAMPA ST., SUITE 300**  
CITY-ST-ZIP **TAMPA FL 33602**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CHALFANT, MARSHA**  
STREET ADDRESS **100 S. ASHLEY DRIVE, STE. 1650**  
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE  
NAME **FUEYO, RICHARD K**  
STREET ADDRESS **220 S. FRANKLIN ST.**  
CITY-ST-ZIP **TAMPA FL 33602**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Julio C. Ramirez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

(813) 224-2631

Date

Daytime Phone # POSTAGE

CR2E037 (10/97)