07261999-90013-027-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N30755

1. Corporation Name

THE DOWNTOWN CORPS, INC.
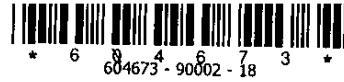
Principal Place of Business	Mailing Address
ONE TAMPA CITY CENTER #1724 TAMPA FL 33602 US	ONE TAMPA CITY CENTER #1724 TAMPA FL 33602 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/17/1989	
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **59-2976396**	Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip **24** / Country **25**	Zip **29** / Country **30**	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLOAR, JAMES A ONE TAMPA CITY CENTER #1724 TAMPA FL 33602	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City / **85** Zip Code / FL

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	1.1 TITLE	☐ Change	☐ Addition
NAME	RAMIREZ, JULIO C JR		1.2 NAME		
STREET ADDRESS	401 E. JACKSON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33601		1.4 CITY-ST-ZIP		
TITLE	PO	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	LEYTHAM, BETHANY		2.2 NAME		
STREET ADDRESS	ONE TAMPA CITY CENTER, #1724		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP		
TITLE	DV	☑ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	WARTH, DONALD		3.2 NAME		
STREET ADDRESS	8305 W. RIVERCHASE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	CLOAR, JAMES A		4.2 NAME		
STREET ADDRESS	ONE TAMPA CITY CENTER, #1724		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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, with all other like, empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

7/31/99