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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31344					
1. Corporation Name HILLSBOROUGH COUNTY LAW LIBRARY FOUNDATION, INC.					
Principal Place of Business 725 E. KENNEDY BLVD. TAMPA FL 33602			Mailing Address 725 E. KENNEDY BLVD. TAMPA FL 33602		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/23/1989 4. FEI Number 59-2936250 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent WISE, NORMA J 725 E. KENNEDY BLVD TAMPA FL 33602				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			
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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 Norma J. Wise (NOTE: Registered Agent signature required when reinstating) DATE 4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, NORMA J	1.2 NAME	
STREET ADDRESS	725 E. KENNEDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE, GUILENE	2.2 NAME	
STREET ADDRESS	601 E. KENNEDY BLVD. (27TH FLOOR)	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZIANO, DOMINICK	3.2 NAME	
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1125	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICARROTTA, GASPER J	4.2 NAME	
STREET ADDRESS	419 PIERCE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREWE, THOMAS H.	5.2 NAME	
STREET ADDRESS	220 E. MADISON ST., SUITE 1110	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLAHER, SANDRA M	6.2 NAME	
STREET ADDRESS	2130 W. BRANDON BLVD., SUITE 204	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	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, with all other like empowered.

SIGNATURE: Norma J. Wise REFORMER. WISE 4/23/99 (813) 272-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)