

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF-STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002948 (7)

1. Corporation Name

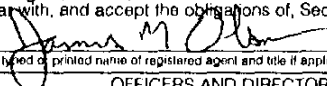
THE CENTER OF TAMPA, INC.



Principal Place of Business 4610 CENTRAL AVE. TAMPA FL 33603		Mailing Address 4610 CENTRAL AVE. TAMPA FL 33603		3. Date Incorporated or Qualified 06/09/1994	
2. Principal Place of Business 21 4265 Henderson Blvd. Suite, Apt. #, etc. 22 Suite B City & State 23 Tampa, FL Zip 24 33629		2a. Mailing Address 25 1222 S. Dale Mabry Hwy. Suite, Apt. #, etc. 26 #350 City & State 27 Tampa, FL Zip 28 33629		4. FEI Number 59-3249057 Applied For Not Applicable	
Country 25 USA		Country 28 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUFOR, GEORGE A 4610 CENTRAL AVE. TAMPA FL 33603				10. Name and Address of New Registered Agent 81 Name Jim Olson 82 Street Address (P.O. Box Number is Not Acceptable) 5055 S. Dale Mabry Hwy., Apt. 1232 83 84 City Tampa FL 85 Zip Code 33611			
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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  DATE 6/4/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LINDEN, CRAIG M.D.		1.2 NAME	DAVID A. HOFFMAN			
STREET ADDRESS	3301 BAYSHORE BLVD., #1408		1.3 STREET ADDRESS	415 S. FREMONT AVE., APT. D			
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP	TAMPA, FL 33606			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HALLGREN, LINDA		2.2 NAME	EUNICE FISHER			
STREET ADDRESS	2631 VICTARRA CIRCLE		2.3 STREET ADDRESS	303 W. VIRGINIA AVE.			
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	TAMPA, FL 33603			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BECATTI, LANCE		3.2 NAME	JIM OLSON			
STREET ADDRESS	201 WEST LAUREL STREET, #203		3.3 STREET ADDRESS	5055 S. DALE MABRY HWY., APT. 1232			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33611			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOLECIMASCOLO, KYM		4.2 NAME				
STREET ADDRESS	2413 BAYSHORE BLVD, #1202		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUNG, MARK		5.2 NAME				
STREET ADDRESS	3717 SAN LUIS ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33629		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DAVID A. HOFFMAN 5/1/98 (813) 258-0507

CR2E037 (1097)