

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 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 # N94000003920 (5)**  
1. Corporation Name  
**22ND STREET REDEVELOPMENT, INC.**



Principal Place of Business <b>2022 MELROSE AVE S ST PETERSBURG FL 33712</b>	Mailing Address <b>2022 MELROSE AVE S ST PETERSBURG FL 33712</b>
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3. Date Incorporated or Qualified  
**08/05/1994**

4. FEI Number <b>59-3307187</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 2022 Melrose Ave. S.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P. O. Box 12794</b> Suite, Apt. #, etc.
<b>22 N/A</b> City & State	<b>27 N/A</b> City & State
<b>23 St. Petersburg, FL</b> Zip	<b>28 St. Petersburg, FL</b> Zip
<b>24 33712</b> Country	<b>29 33733</b> Country
<b>25 Pinellas</b>	<b>30 Pinellas</b>

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**BRINKLEY, COLUMBUS  
2022 MELROSE AVE S  
ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIX, ANNIE M</b>		1.2 NAME <b>Askia Muhammad Aquil</b>
STREET ADDRESS <b>2161 14TH AVE S</b>		1.3 STREET ADDRESS <b>1640 M. L. King Street South</b>
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		1.4 CITY-ST-ZIP <b>St. Petersburg, FL</b>
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOWARD, ANNETTE</b>		2.2 NAME <b>Wesley Sheffield, Jr.</b>
STREET ADDRESS <b>1511-22ND STREET SOUTH APT #5</b>		2.3 STREET ADDRESS <b>1709 Anastasia Way South</b>
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		2.4 CITY-ST-ZIP <b>St. Petersburg, FL</b>
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PORTER, ALVIN JR</b>		3.2 NAME <b>William C. Howard, Jr.</b>
STREET ADDRESS <b>710 26TH AVE S</b>		3.3 STREET ADDRESS <b>1511 - 22nd Street South Apt.5</b>
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		3.4 CITY-ST-ZIP <b>St. Petersburg, FL</b>
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRINKLEY, COLUMBUS</b>		4.2 NAME
STREET ADDRESS <b>2022 MELROSE AVE S</b>		4.3 STREET ADDRESS
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		4.4 CITY-ST-ZIP
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE: ASKIA MUHAMMAD AQUIL

4/26/98 821-6897

CR2E037 (10/97)