


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001868					
1. Corporation Name STADIUM TASK FORCE, INC.					

Principal Place of Business 400 N. ASHLEY DRIVE: BAB TAMPA FL 33602	Mailing Address P.O. BOX 1288 TAMPA FL 33601
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FILED
99 APR 30 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 28 City & State 29 Zip Country		3. Date Incorporated or Qualified 04/18/1995	
4. FEI Number 59-3320721		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent BARTON, BERNARD A JR. 400 N. ASHLEY DR. SUITE 2300 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DARNELL, DAVID			1.2 NAME	000002868320--9		
STREET ADDRESS	100 N. TAMPA ST.			1.3 STREET ADDRESS	-05/07/99--01143--005		
CITY-ST-ZIP	TAMPA FL 33602			1.4 CITY-ST-ZIP	*****61.25 *****61.25		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBER, DON			2.2 NAME			
STREET ADDRESS	401 E. JACKSON ST., #2100			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, WILLIAM C			3.2 NAME			
STREET ADDRESS	2254 COFFEE POT			3.3 STREET ADDRESS	1 Beach Drive S.E., #911		
CITY-ST-ZIP	ST. PETERSBURG FL 33704			3.4 CITY-ST-ZIP	St. Petersburg FL 33701		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: William C. Johnson 4-28-99 (727) 894-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0049248

CR2E037 (11/98)