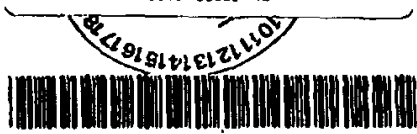



FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 042 ****61.25

CR2E037 (11/98)



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005959
 1. Corporation Name
TAMPA BAY RAYS OF HOPE FOUNDATION, INC.

Principal Place of Business TROPICANA FIELD ONE TROPICANA DRIVE ST. PETERSBURG FL 33706 US	Mailing Address TROPICANA FIELD ONE TROPICANA DRIVE ST. PETERSBURG FL 33706 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/21/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3481285
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent HIGGINS, JOHN P TROPICANA FIELD ONE TROPICANA DRIVE ST. PETERSBURG FL 33705	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAIMOLI, VINCENT J ONE TROPICANA DRIVE ST. PETERSBURG FL 33705	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMAR, CHARLES G ONE TROPICANA DRIVE ST. PETERSBURG FL 33705	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAIMOLI, RAYMOND A ONE TROPICANA DRIVE ST. PETERSBURG FL 33705	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	V/I/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, JOHN P ONE TROPICANA DRIVE ST. PETERSBURG FL 33705	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

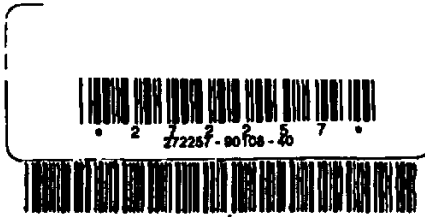
SIGNATURE: *John P Naimoli* **REQUIRED** John P Naimoli 1-12-99 (812) 925-3187
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

PENDING
N96000005959

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005959

1. Corporation Name
TAMPA BAY RAYS OF HOPE FOUNDATION, INC.



Principal Place of Business TROPICANA FIELD ONE TROPICANA DRIVE ST. PETERSBURG FL 33705 US	Mailing Address TROPICANA FIELD ONE TROPICANA DRIVE ST. PETERSBURG FL 33705 US
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21. Principal Place of Business	25. Mailing Address	3. Date Incorporated or Qualified 11/24/1996
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 60-2481285
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HIGGINS, JOHN P TROPICANA FIELD ONE TROPICANA DRIVE ST. PETERSBURG FL 33705	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

11. Pursuant to the provisions of Sections 617.0602 and 617.1506, 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 617.0603, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and his if applicable (NOTE: Registered Agent signature required when substituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman/President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAIMOLI VINCENT J	1.2 NAME	Naimoli, Vincent J
STREET ADDRESS	ONE TROPICANA DRIVE	1.3 STREET ADDRESS	One Tropicana Drive
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	St Petersburg FL 33705
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice-President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMAR, CHARLES G	2.2 NAME	Lamar, Charles G
STREET ADDRESS	ONE TROPICANA DRIVE	2.3 STREET ADDRESS	One Tropicana Drive
CITY-ST-ZIP	ST. PETERSBURG FL 33705	2.4 CITY-ST-ZIP	St Petersburg FL 33705
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Vice Pres/Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAIMOLI RAYMOND A	3.2 NAME	Naimoli, Raymond A
STREET ADDRESS	ONE TROPICANA DRIVE	3.3 STREET ADDRESS	One Tropicana Drive
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	St Petersburg FL 33705
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice Pres/Secretary D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINS, JOHN P	4.2 NAME	Higgins, John P
STREET ADDRESS	ONE TROPICANA DRIVE	4.3 STREET ADDRESS	One Tropicana Drive
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP	St Petersburg FL 33705
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 118.07(3)(b), 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 John P Higgins 1-12-99 (912) 925-9187

CFC0307 (11/98)