


FILED
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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 # N98000001452					
1. Corporation Name TAMPA INTERNATIONAL FILM FESTIVAL, INC.					
Principal Place of Business 36555 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684			Mailing Address 36555 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		25		03/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GARCIA, CARLOS M M.D. 36555 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT/CEO
NAME	GARCIA, CARLOS M M.D.	1.2 NAME	GARCIA, CARLOS M.
STREET ADDRESS	8664 LONGWOOD DRIVE	1.3 STREET ADDRESS	36555 U.S. HWY 19 NORTH
CITY-ST-ZIP	LARGO FL 33777	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D	2.1 TITLE	VICE PRESIDENT/CEO
NAME	LAIN, JHON T	2.2 NAME	LAIN, JHON T
STREET ADDRESS	5128 CAREY ROAD	2.3 STREET ADDRESS	36555 U.S. HWY 19 N.
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D	3.1 TITLE	TREASURER
NAME	DEVOLD, TROY	3.2 NAME	JUNG, CATHERINE
STREET ADDRESS	405 WOODCREST ROAD	3.3 STREET ADDRESS	36555 U.S. HWY 19 N
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE		4.1 TITLE	DIRECTOR/EXEC VP
NAME		4.2 NAME	LAIN, ANITA D.
STREET ADDRESS		4.3 STREET ADDRESS	36555 U.S. HWY 19 N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: [Signature] DATE: 3-12-99 TIME: 7:11 PHONE: 9669

CR2E037 (1/98)