

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 AM 10: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P11541** (0)

1. Corporation Name

**TAMPA FESTIVAL MARKETPLACE, INC.**

Principal Place of Business

Mailing Address

SUITE 600  
AMERICAN CITY BUILDING  
COLUMBIA MD 21044

SUITE 600  
AMERICAN CITY BUILDING  
COLUMBIA MD 21044

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

52-1720495

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME ROUSE, JAMES W.  
STREET ADDRESS #600, AMERICAN CITY BLDG  
CITY-ST-ZIP COLUMBIA MD

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VCD  
NAME MILLSPAUGH, MARTIN C.  
STREET ADDRESS #600, AMERICAN CITY BLDG  
CITY-ST-ZIP COLUMBIA MD

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  
NAME BARRON, ROBERT F., JR./A  
STREET ADDRESS #600, AMERICAN CITY BLDG  
CITY-ST-ZIP COLUMBIA MD

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS  
NAME ARNOT, O BOWIE  
STREET ADDRESS #600 AMERICAN CITY BLDG  
CITY-ST-ZIP COLUMBIA MD

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ASC  
NAME PATRO, RICHARD  
STREET ADDRESS #600 AMERICAN CITY BLDG.  
CITY-ST-ZIP COLUMBIA MD

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert F. Barron Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT F. BARRON JR, PRESIDENT

04/24/95

(410)964-3600

Title

Telephone #