

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15905** (3)

1. Corporation Name
HO. TAMPA DEVELOPMENT CO.

Principal Place of Business 1209 ORANGE STREET %THE CORPORATION TRUST COMPANY WILMINGTON DE 19801	Mailing Address 1209 ORANGE STREET %THE CORPORATION TRUST COMPANY WILMINGTON DE 19801-1120
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/10/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3561230		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DP KAUFMAN, BARRY 3333 BEVERLY ROAD HOFFMAN ESTATES IL <input type="checkbox"/> DELETE DV DOUGLAS, RONALD 55 W. MONROE #3100 CHICAGO IL <input type="checkbox"/> DELETE DT PETERSON, ALICE M 55 W. MONROE #3100 CHICAGO IL <input type="checkbox"/> DELETE V GARNANT, CAROL 55 W. MONROE #3100 CHICAGO IL <input type="checkbox"/> DELETE S GRIENENBERGER, WARREN 55 W. MONROE #3100 CHICAGO IL <input type="checkbox"/> DELETE AS GRIFFIN, KIMBERLY 55 W. MONROE #3100 CHICAGO IL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol W. Garnant 4/18/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)