


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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26417 (6)  
1. Corporation Name  
CMS TAMPA, INC.

Principal Place of Business 4904 EISENHOWER BLVD SUITE 310 TAMPA FL 33634	Mailing Address 4904 EISENHOWER BLVD SUITE 310 TAMPA FL 33634
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/11/1989		4. FEI Number 54-1478472 Applied For Not Applicable	
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent KENNIMER, GERALD W 4904 EISENHOWER BLVD SUITE 310 TAMPA FL 33634				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 N/A  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	NAME	RAGANO, FRANK P	1.1 TITLE		1.2 NAME	
STREET ADDRESS	% 4904 EISENHOWER BLVD., SUITE 310	1.3 STREET ADDRESS		2.1 TITLE		2.2 NAME	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	V	NAME	BURKE, JAMES A	3.1 TITLE		3.2 NAME	
STREET ADDRESS	% 4904 EISENHOWER BLVD., SUITE 310	3.3 STREET ADDRESS		4.1 TITLE		4.2 NAME	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	VI	NAME	KENNIMER, GERALD W	5.1 TITLE		5.2 NAME	
STREET ADDRESS	% 4904 EISENHOWER BLVD., SUITE 310	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		5.5 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	5.6 CITY-ST-ZIP		6.1 TITLE		6.2 NAME	
TITLE	S	NAME	FOYIL, JAMES D	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
STREET ADDRESS	% 4904 EISENHOWER BLVD., SUITE 310						
CITY-ST-ZIP	TAMPA FL 33634						
TITLE	D	NAME	FOOTE, GEORGE				
STREET ADDRESS	% SIXTH FLOOR, 8280 GREENBORO DRIVE						
CITY-ST-ZIP	MCLEAN VA 22102						
TITLE	D	NAME	SAPP, EUGENE				
STREET ADDRESS	C/O SCI INC P.O. BOX 1000						
CITY-ST-ZIP	HUNTSVILLE AL						

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

SIGNATURE: *[Signature]* 3/24/98 813-BB2-4477

CR2E034 (10/97)