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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000014872 (5)**

1. Corporation Name
TAMPA BAY TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
112 44TH AVE N ST PETERSBURG FL 33703	112 44TH AVE N ST PETERSBURG FL 33703

3. Date Incorporated or Qualified: 12/22/1992
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business
21: 6443 28th Terrace N.
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg, Fla.
24: Zip: 33710
25: Country: Pinellas

2a. Mailing Address
26: 6443 28th Terrace N.
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg
29: Zip: 33710
30: Country: Pinellas

4. FEI Number: 59-3157085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

VOLOSIN, DAVID
1991 59TH ST N
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: DAVID VOLOSIN
82 Street Address (P.O. Box Number is Not Acceptable): 6443 28th Terrace North
83:
84 City: St. Petersburg **FL** 85 Zip Code: 33710

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 of New Registered Agent, if changing) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VOLOSIN, DAVID 1991 59TH STREET, NORTH ST. PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P VOLOSIN, DAVID 6443 28th Terrace North St. Petersburg, Fla. 33710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VOLOSIN, PEGGY 1991 59TH ST, N ST. PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP VOLOSIN, PEGGY 6443 28th Terrace North St. Petersburg, Fla. 33710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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/added on an attachment with an address.

SIGNATURE: D. Volosin DAVID VOLOSIN 5/27/96 (813) 345-5534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)