

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000031040 (7)

1. Corporation Name

SCIDC TAMPA PROPERTIES, INC.



Principal Place of Business

Mailing Address

50 N. LAURA ST.
STE. 3400
ORLANDO FL 32202
US

~~50 N. LAURA ST.~~
~~STE. 3400~~
~~ORLANDO FL 32202~~
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 4099

Suite, Apt. #, etc.

22 City & State

27 Jacksonville, FL

23 Jacksonville, FL

28 Jacksonville, FL

24 Zip

Country

29 Zip

Country

32202

US

32201

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/28/1993

3a. Date of Last Report
02/10/1995

4. FEI Number

59-3229463

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

10. Name and Address of New Registered Agent

RAX CO.
50 N. LAURA ST.
STE. 3400
JACKSONVILLE FL 32202

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D
1.2 NAME AL-NOMAN, AHMED A
1.3 STREET ADDRESS 50 N. LAURA ST., STE. 3400
1.4 CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE D
2.2 NAME AL-ROOMI, MOHAMMAD Y
2.3 STREET ADDRESS 50 N. LAURA ST., STE. 3400
2.4 CITY - ST - ZIP JACKSONVILLE FL

3.1 TITLE PT
3.2 NAME BATAVIA, P. J
3.3 STREET ADDRESS 50 N. LAURA ST., STE. 3400
3.4 CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE VS
4.2 NAME FARAH, HUSSEIN A
4.3 STREET ADDRESS 50 N. LAURA ST., STE. 3400
4.4 CITY - ST - ZIP JACKSONVILLE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

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 AS
5.2 NAME Gazdar, Homi
5.3 STREET ADDRESS 50 N. Laura St., Ste 3400
5.4 CITY - ST - ZIP Jacksonville, FL 32202

6.1 TITLE
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 119.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMI GAZDAR

January 26 '96

914-273-8433
Daytime Phone #

CR2E034 (12/95)