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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 JACKSONVILLE FL 32202 US	PO BOX 4099 JACKSONVILLE FL 32201-4099 US

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd.	26 1301 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 1301	Suite, Apt. #, etc. 27 Suite 1301
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 02/08/1996
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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MOTOLAW, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1301
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: Peter Lunn, as President of Motolaw, Inc. DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	AL-NOMAN, AHMED A	1.2 NAME	
STREET ADDRESS	50 N. LAURA ST., STE. 3400	1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1301
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	AL-ROOMI, MOHAMMAD Y	2.2 NAME	
STREET ADDRESS	50 N. LAURA ST., STE. 3400	2.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1301
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	PT ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BATAVIA, P. J	3.2 NAME	
STREET ADDRESS	50 N. LAURA ST., STE. 3400	3.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1301
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	FARAH, HUSSEIN A	4.2 NAME	
STREET ADDRESS	50 N. LAURA ST., STE. 3400	4.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1301
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	AS ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	~~HAZDAR, HOMI~~	5.2 NAME	Gazdar, Homi
STREET ADDRESS	50 N LAURA ST STE 3400	5.3 STREET ADDRESS	1301 Riverplace Blvd., Sutie 1301
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added in an attachment with an address.

SIGNATURE: HOMI GAZDAR 2/14/97 (914) 273-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #