FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthanii ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000057166 (9) DOCUMENT # Corporation Name SOUTH BAY BUSINESS PARK, INC. Principal Place of Business Maling Address PO BOX 76349 3507 50TH ST SO TAMPA FL 33675-1349 **TAMPA FL 33619** 3a. Date of Last Report or Qualified 08/11/1993 03/08/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3200868 Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Flection Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, $Z_{\rm HD}$ Country Ζıρ Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COHN, ROY W Street Address (P.O. Box Number is Not Acceptable) 3321 HENDERSON BLVD TAMPA FL 33609 83 85 Zin Code 84 City 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. Thereby accept the appointment as registered agent. Florida Statutes **SNATURE** DATE Signature, typed or printed natural regulations age of and time diagram, as a galero f Agend Signal]2. \ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition DELETE 1.17006 FRIEDMAN, RONALD D NAME 1.2 NAME 3505 50TH ST S 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 14 CITY ST-ZIP CITY-ST-ZIP ☐ Addition DE: ETE Change 2 1 HTLE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 24 City St-Zif CITY - ST - ZIP Addition DELETE 3 1 10115 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - 2IP Change Addition DELETE 4 1 11Tcf TITLE 4.2 NAME NAME 4.3 STREET ADOPESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP 2000018476**1@**® DELEIL 5 I THE TITLE -06/03/96--01030--027 5.2 NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 6.1 III:E TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes Tfurther

report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under thon or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

14. I do hereby certify that the information supplied certify that the information indicated on this p

oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

April 18, 1996 (813) 247-5599

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