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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

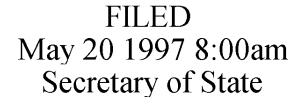
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000011971 (6)

TAMPA ENTERTAINMENT CENTER, INC.

Principal Place of Business	Mailing Address	
3450 E. FLETCHER AVE.	3450 E. FLETCHER AVE.	
SUITE 900	SUITE 300	
TAMBA CI 90010	TANDA EL 00010 4000	





3450 E. FLETCI SUITE 300		3450 E. FLETCHER AVE. SUITE 300						
TAMPA FL 336	13	TAMPA FL 33613-4659	:		3. Date Incorporated or Qualified 02/14/1994	3a. Date of Last 08/08/1996	Report	
	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number	· · - · - ·	Applied For	
21		26			65-0475237	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Stalus Desired	\$8.75 Additional Fee Required		
City & State		City & State	<del></del>		6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution			
Zip 24	Country 25	Ζφ <b>29</b>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9, Name and Address of Current Registered Agent		301	Florida Statutes LJ Yes L No  10. Name and Address of New Registered Agent					
COHEN, ROBERT B1 Name								
14120 FENNSBURY DR.			8	82 Street Address (P.O. Box Number is Not Acceptable)				
TAM	PA FL 33624		8					
				١,				
			8	4 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		the sanganane of escale por local, in	indu Olaidi.					
	<del></del>			gent signature rec	quired when reinstating)	DATE		
12. TITLE	D	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
NAME	COHEN, ROBERT M		1.1 TITLE 1.2 NAME			L Change	Addition 3	
STREET ADDRESS	14120 FENNSBURY D	R.		1 ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624	•••	1.4 CITY-					
TITLE	D	DELETE	2.1 10LF			Change	Addition	
NAME	E COHEN, MARTIN D		2.2 NAME					
STREET ADDRESS 3450 E. FLETCHER AVE., SUITE 300		2.3 STRE	1 ADDRESS					
CITY-ST-ZIP	TAMPA FL 33613	<u> </u>	2. 4 CITY	-S1-7/F				
TITLE	☐ DELETE		:	3 TIME Ch		☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS	•			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 THILE	·		Change	Addition	
NAME			4. 2 NAM			Change	L. Addition	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			4.4 C/TY-					
TITLE		DELETE	5.1 TILLE			☐ Change	Addition	
NAME	•		5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	•	DELETE	6.1 THILE	-		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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 of 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 trusted 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 a address.