

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 06 1996 8:00 am

Secretary of State

DOCUMENT # P94000020906 (1)

1. Corporation Name

TAMPA 8313 WEST HILLSBOROUGH, INC.



Principal Place of Business

Mailing Address

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name
C T Corporation System

82. Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83.

84. City
Plantation

FL

85. Zip Code
33324

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 By: *Donald F. Hickey*

D. F. Hickey, Asst. Secretary

2-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DSVP
BROWN, SCOTT M.
2700 COLORADO AVE.
SANTA MONICA CA
P

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
FOCHT, MICHAEL H.
2700 COLORADO AVE.
SANTA MONICA CA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
EVP
MACKEY, THOMAS B.
2700 COLORADO AVE.
SANTA MONICA CA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VPT
MCMULLEN, TERENCE P.
2700 COLORADO AVE.
SANTA MONICA CA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
EVP
SMITH, W. RANDOLPH
14001 DALLAS PARKWAY, STE. 200
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VPAS
SABATINO, THOMAS J.
14001 DALLAS PARKWAY, STE. 210
DALLAS TX

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST, ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST, ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST, ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST, ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST, ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY, ST, ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY, ST, ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY, ST, ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, ST, ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST, ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. 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

Scott M. Brown

1/24/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)