

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

**APPROVED
AND
FILED**

1998 MAR -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000020906 (1)

1. Corporation Name
TAMPA 8313 WEST HILLSBOROUGH, INC.

Principal Place of Business 3820 STATE STREET SANTA BARBARA CA 93105 US	Mailing Address 3820 STATE STREET SANTA BARBARA CA 93105 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 75-2529115	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DSVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, SCOTT M		1.2 NAME	
STREET ADDRESS 3820 STATE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOCHT, MICHAEL H.		2.2 NAME	
STREET ADDRESS 3820 STATE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		2.4 CITY-ST-ZIP	
TITLE EVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKEY, THOMAS B.		3.2 NAME	
STREET ADDRESS 2011 PALOMAR AIRPORT RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP CARLSBAD CA 92009		3.4 CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMULLEN, TERENCE P.		4.2 NAME	
STREET ADDRESS 3820 STATE STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		4.4 CITY-ST-ZIP	
TITLE EVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, W. RANDOLPH		5.2 NAME	
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200		5.3 STREET ADDRESS	
CITY-ST-ZIP DALLAS TX		5.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNDGREN, ALAN		6.2 NAME	
STREET ADDRESS 3820 STATE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP SANTA BARBARA CA 93105		6.4 CITY-ST-ZIP	

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*******150.00 *****150.00**

Handwritten signature and date: ALAN LUNDGREN 2/25/98

14. I 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 on an attachment with an address.

SIGNATURE: *Alan Lundgren* Alan Lundgren 2/25/98 805/563-7075

CR2E034 (10/97)