

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 # **P94-20908**

1. Corporation Name

**TAMPA MOB 104, INC.**

Principal Place of Business

**3820 State Street  
Santa Barbara, CA 93105**

Mailing Address

**c/o Mary Yumibe  
3820 State Street  
Santa Barbara, CA 93105**

3. Date Incorporated or Qualified  
**3/17/94**

3a. Date of Last Report  
**1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**75-2529114**

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P Michael H. Focht, Sr.**  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

1.1 TITLE **100002158821-04**  
1.2 NAME **-04/29/97--01089--008**  
1.3 STREET ADDRESS **\*\*\*\*165.00 \*\*\*\*165.00**  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **EVP/CFO Trevor Fetter**  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SVP/S/D Scott M. Brown**  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V/T Terence P. McMullen**  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **AS Alan Lundgren**  
STREET ADDRESS **3820 State Street**  
CITY-ST-ZIP **Santa Barbara, CA 93105**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Scott M. Brown, Secretary**

**4/24/97**

**805/563-7075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)