

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

FILED

97 APR 29 AM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p94-20920**
1. Corporation Name

TAMPA MOB 107, INC.

Principal Place of Business Mailing Address
3820 State Street **c/o Mary Yumibe**
Santa Barbara, CA 93105 **3820 State Street**
 Santa Barbara, CA 93105

3. Date Incorporated or Qualified 3/17/94	3a. Date of Last Report 1996
4. FEI Number 75-2529113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T Corporation System
1200 S. 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
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Michael H. Focht, Sr.	1.2 NAME	
STREET ADDRESS	3820 State Street	1.3 STREET ADDRESS	400002158824--5
CITY-ST-ZIP	Santa Barbara, CA 93105	1.4 CITY-ST-ZIP	-04/29/97--01089--009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****165.00 ****165.00
NAME	EVP/CFO	2.2 NAME	
STREET ADDRESS	Trevor Fetter	2.3 STREET ADDRESS	
CITY-ST-ZIP	3820 State Street	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP/S/D	3.2 NAME	
STREET ADDRESS	Scott M. Brown	3.3 STREET ADDRESS	
CITY-ST-ZIP	3820 State Street	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terence P. McMullen	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	5.2 NAME	
STREET ADDRESS	Alan Lundgren	5.3 STREET ADDRESS	
CITY-ST-ZIP	3820 State Street	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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)