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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041506

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90116 011 ***150.00

1. Corporation	on Name TAMPA, I	INC.										
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Principal Place		SS		-	674			1				
3808 STATE ROAD 674 3808 STATE ROAD 674 RUSKIN FL 33570 RUSKIN FL 33570												
110011114 1 2 02								L	DO NOT WRI	TE IN THIS	SPACE	
									3. Date Incorporated or Qualifed			
									05/27/1994			
2. Principal Place of Business			2a.	2a. Mailing Address				1	1 " Lul-ii			Applied For
21			26						65-0499055			Not Applicable Additional
Suite, Apt	i. #, etc.		27	Suite, Apt. #, et	.c.				5. Certificate of Status Desired		Fee	Required
City & Sta	ate			City & State					6. Election Campaign Financing			May Be
23			28	- <u></u> .		0		_	Trust Fund Contribution			d to Fees
Zip		Country	-	Zip	Γ <u></u> -	Country	,		8. This corporation owes the cur	ent year Inta	ngible □ Yes	⊠ No
24	a Nam	25 e and Address of Curre	29	ntarad Arant	30	<u> </u>			Personal Property Tax. 10. Name and Address of New I	Registered A		- (
	9, Nam	e and Address of Curre	ant Keyls	steren wägur		81	Name		IU. Hame and Francisco of from	10g.010.0 <u>0</u>		
CU	TINI, DENN	IIS			•	82			(D. C. D. 1)	-61-1		
380	8 STATE F	ROAD 674					Street A	Address	ress (P.O. Box Number is Not Acceptable)			
RU	SKIN FL 33	3570				83						
,						<u> </u>					11	0-40
						84	City			FL	[85] Zip	o Code
11, Pursuan	t to the provi	isions of Sections 607.05	502 and 6	07.1508, Florida	Statutes,	the above	e-named c	corpora	ition submits this statement for the	purpose of o	hanging i	ts registered
office or	registered a	gent, or both, in the State	e of Florid	da. Such change	was auth	orized by	the cornor	ration's	s board of directors. I hereby acce,	pt the appoin	iment as	registered
agent. 1	4111 Idiiiii11114 Y	with, and accept the oblig	ations of	f, Section 607.050	05, Florida	a Statutes	i.		s board of directors. I hereby accept			
SIGNATURE										DATE		
SIGNATURE		of or printed name of registered ag	gent and title	if applicable.					nen reinstating) ADDITIONS/CHANGES TO OF	DATE		
		ed or printed name of registered ag	gent and title	if applicable.	(NOTE: Re	gistered Ager			nen reinstating)	DATE		TORS IN 12
SIGNATURE	Signature, type	ed or printed name of registered ag	gent and title	if applicable.	(NOTE: Re	ngistered Ager			nen reinstating)	DATE	D DIRECT	TORS IN 12
SIGNATURE 12. TITLE	Signature, type D CUTINI,	ed or printed name of registered ag OFFICERS A	gent and title	if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME			nen reinstating)	DATE	D DIRECT	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, type D CUTINI, s 3808 ST	OFFICERS A	gent and title	if applicable. ECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature rec		nen reinstating)	DATE	D DIRECT	FOR\$ IN 12
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14. (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 attackment with an address, with all other like empowered.

SIGNATURE:

CuTINI 3-16-99 813-633-2697

CR2E034 (11/98)