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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000049778 (1)

1. Corporation Name
INTERSTATE BUSINESS PARK, INC.

Principal Place of Business	Mailing Address
C/O GARCIA ENTERPRISES 7243 BRYAN DAIRY ROAD LARGO FL 34647 US	C/O GARCIA ENTERPRISE 7243 BRYAN DAIRY ROAD LARGO FL 33777-1538 US

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: 15950 Bay Vista Drive
27: Suite, Apt. #, etc.: 250
28: City & State: Clearwater, FL
29: Zip: 34620 30: Country: US

4. FEI Number: 59-3261735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MARTIN GARCIA
7243 BRYAN DAIRY ROAD
SUITE 3700 BARNETT PLAZA
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 15950 Bay Vista Drive
83: Suite 250
84 City: Clearwater FL 85 Zip Code: 34620

11. Pursuant to the provisions of Section 607.0502 or 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: X _____ (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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MANUEL		1.2 NAME		
STREET ADDRESS	4933 NEW PROVIDENCE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARTIN L.		2.2 NAME		
STREET ADDRESS	1613 S. CULBREATH ISLES		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARSHALL J.		3.2 NAME		
STREET ADDRESS	16011 AMBERLY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAAG, MYRNA G.		4.2 NAME		
STREET ADDRESS	413 ROYAL PALM WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X _____ MANUEL GARCIA 3/2/97 813-535-9222