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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000073160 (1)

S & T ENTERPRISES OF TAMPA, INC.

Principal Place of Business Mailing Address 1107 TERRA MAR DR. 1107 TERRA MAR DR. **TAMPA FL 33613 TAMPA FL 33613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/03/1994</u> 2. Principal Place of Business 2a. Mailing Address FE1 Number Applied For 21 65-0526886 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ITANI, MOUNIR 1107 TERRA MAR DR. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 83 84 City 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, typical or printed his ociol registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.11016 ITANI, MOUNIR NAME 1.2 NAME 1107 TERRA MAR DR. STREET ADORESS 1.3 STREET ADDRESS **TAMPA FL 33613** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2 1 111LF MILLER, SHARON M NAME 2.2 NAME 1107 TERRA MAR DR. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33613** 2. 4 CITY - ST- ZIP CITY - ST - ZIP DFLETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY-ST-Z)P DELETE Change Addition THLE 4.1 DILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TiTLE NAME 5.2 NAME STREET AUDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 13 if changed, are on an attachment with an address.

SIGNATURE:

CHY-S1-ZIP

MBIDINT

3/20/98 (8/3) 961-7/56

**FILED** 

Apr 02 1998 8:00am

Secretary of State