FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000077253 (0)**

1. Corporation Name
DJR TAMPA CORPORATION

Principal Place of Business	Mailing Address
35142 US HIGHWAY 19 N ALDERMAN PLAZA PALM HARBOR FL 34684 US	35142 US HIGHWAY 19 N ALDERMAN PLAZA PALM HARBOR FL 34684 US

2. Principal Place of Business	2a. Mailing Address
21 35959 U.S. Hwy. 19 N.	26 35959 U.S. Hwy. 19 N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor, FL
Zip 24 34684 / County 25 USA	Zip 29 34684 / County 30 USA

3. Date Incorporated or Qualified: 10/20/1994

3a. Date of Last Report: 03/01/1995

4. FEI Number: 59-3276066 — 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 is subject for intangible tax under s. 199.032, Florida Statutes — [X] Yes [ ] No

9. Name and Address of Current Registered Agent

BAKER, DELYNN L
35142 US HIGHWAY 19 NORTH
ALDERMAN PLAZA
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 35959 U.S. Hwy. 19 N.
83
84 City: Palm Harbor FL 85 Zip Code: 34684

11. Pursuant to the provisions of Sections 607.0202 and 607.1506, 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: DeLynn L. Baker — 4/13/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
				X Change [ ] Addition
TITLE	PTSD	[ ] DELETE	11 TITLE	
NAME	BAKER, DELYNN L		12 NAME	
STREET ADDRESS	35142 US HIGHWAY 19 NORTH		13 STREET ADDRESS	35959 U.S. Hwy. 19 N.
CITY-ST-ZIP	PALM HARBOR FL 34684		14 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, and complete as of the date of this report for the corporation identified 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 added to the report with an address.

SIGNATURE: DeLynn L. Baker — (813) 784-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone