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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000077546 (7)**

1. Corporation Name  
**TAMPA 418 W. PLATT ST., INC.**

Principal Place of Business  
**2700 COLORADO AVE.  
SANTA MONICA CA 90404  
US**

Mailing Address  
**2700 COLORADO AVE.  
SANTA MONICA CA 90404-3521  
US**

3. Date Incorporated or Qualified <b>10/21/1994</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>75-2564164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21 <b>3820 State Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Santa Barbara, CA</b> Zip 24 <b>93105</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>c/o Mary H. Yumibe</b> Suite, Apt. #, etc. 27 <b>3820 State Street</b> City & State 28 <b>Santa Barbara, CA</b> Zip 29 <b>93105</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH 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
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DSVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, SCOTT M.</b>	1.2 NAME	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	1.3 STREET ADDRESS	<b>3820 State Street</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	1.4 CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOCHT, MICHAEL H.</b>	2.2 NAME	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	2.3 STREET ADDRESS	<b>3820 State Street</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	2.4 CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RANDOLPH W</b>	3.2 NAME	
STREET ADDRESS	<b>14001 DALLAS PARKWAY SUITE 200</b>	3.3 STREET ADDRESS	<b>700002068137--8</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 75240</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMULLEN, TERENCE P.</b>	4.2 NAME	<b>-01724797-01886-026</b>
STREET ADDRESS	<b>2700 COLORADO AVE.</b>	4.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	4.4 CITY-ST-ZIP	<b>3820 State Street</b>
TITLE	<b>EVF</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH W. RANDOLPH</b>	5.2 NAME	
STREET ADDRESS	<b>14001 DALLAS PARKWAY, STE. 200</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>AS</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Alan Lundgren</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>3820 State Street</b>
			<b>Santa Barbara, CA 93105</b>

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: Alan Lundgren **Alan Lundgren, Asst. Sec'y** 1/21/97 805/563-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)