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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000024756

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90195 004 ***150.00

TAMPA I	PROPERTIES, INC.					1 1861/861 (18 18/8)	#### ## ######## ##### ###############			
Principal Place		Mailing Address 26 ADALIA AVE.	<u>.</u>							
TAMPA FL 33606 TAMPA FL 33606						50	NOT WOITE IN THE	C CDACE		
						3. Date Incorporated of	NOT WRITE IN THI	S SPACE		ŧ
						03/28/1995				
2. Principal P	lace of Business .	2a. Mailing Address	 -			4. FEI Number		Ар	plied For	
21	→	26				59-3309370		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	\$8.75 A Fee Re		
City & Stat	e	City & State				6. Election Campaign	Financing	\$5.00	May Be	
23		28				Trust Fund Contribu	ıtion 🗀	Added t	o Fees	
Zip	Country	Zip	Co	untry		8. This corporation ow	es the current year I			1
24	25	29	30			Personal Property T			□No	ŀ
	g. Name and Address of Curre	nt Registered Agent		81 Nam		10. Name and Addres	s of New Registere	d Agent		1
: PAT	TAN, PAWAN K				K	ATTAN _	PAWAN	, K		
	NDALIA AVENUE			82 Stree	t Addres	s (P.O. Box Number is N	lot Acceptable)	,		
r	IPA FL 33606			83		6 ADALIA	AVE			
•. •/***	11 / 1 C 00000					_				
				84 City		NPA	F		466	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familjar with, and accept the obliga	of Florida. Such change w	as authorize	ed by the cor	d corpor poration	ation submits this statem 's board of directors. I he	ent for the purpose or ereby accept the app	of changing its ointment as reg	registered gistered	
SIGNATURE	Pawan K. Ra	Han _					4/26	/99 <u> </u>		
	Signature, typed or printed name of registered age			d Agent signatur	e required v		DATE	ND DIDECTO	DC IN 12	86
12.	/ 	ND DIRECTORS	113	TILE	Т	ADDITIONS/CHANG	ES 10 OFFICERS	Change	Addition	CR2E034 (11/98)
TITLE P	/ D rattan, pawan K			NAME				_ •	_	4
NAME STREET ADDRESS	26 ADALIA AVE.			1.3 STREET ADDRESS						8
	TAMPA FL 33606			CITY-ST-ZIP]					22
TITLE S	D	☐ DELET		TITLE	+-			☐ Change	Addition	ਹ
NAME	RATTAN, VEENA		2.21	NAME	1					1
STREET ADDRESS	00 ADALIA 41/F		2.3 5	STREET ADDRES	s					
CITY-ST-ZIP	TAMPA FL 33606		2. 4	CITY-ST-ZIP						
TITLE		☐ DELET	E 3.11	TITLE				☐ Change	☐ Addition	ļ
NAME			3.21	NAME						
STREET ADDRESS			3.3 3	STREET ADDRES	s					-
CITY-ST-ZIP				CITY-ST-ZIP						1
TITLE				4.1 TITLE				Change	Addition	
NAME	1		4. 2	4. 2 NAME						
STREET ADDRESS				STREET ADDRES	s					1
CITY-ST-ZIP	 			CITY-ST-ZIP				[] Change	☐ Additio=	-
TITLE	DELETE DELETE			5.1 TITLE 5.2 NAME				Change	Addition	
NAME										
STREET ADDRESS				STREET ADORES	3					
CITY-ST-ZIP		☐ DELET		CITY-SY-ZIP	-			☐ Change	Addition	1
TITLE		□ nerei	-	NAME				□ Ollarige		{
NAME STREET ADDRESS	[STREET ADDRES					i	{
			■ U.3 i		~ ₁					

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 Date 8/3-254-1996

= i=

Daytime Phone #