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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

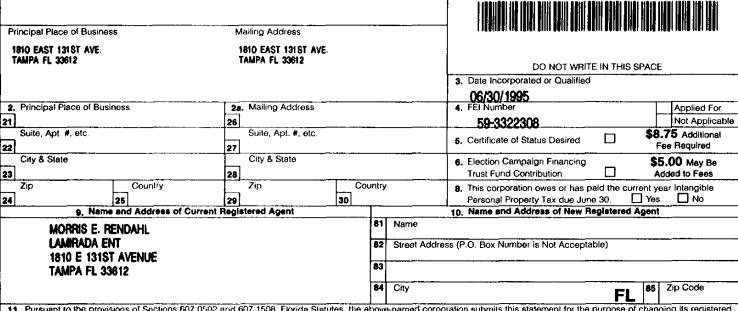
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051282 (8)

LA MIRADA ENTERRISES OF TAMPA. INC.

Principal Place of Business Mailing Address 1810 EAST 1318T AVE. TAMPA FL 33612 1810 EAST 131ST AVE. **TAMPA FL 33612**

FILED May 13 1998 8:00am Secretary of State



11. Pursuant to the provisions of Soctions 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 a	im familiar with, and accept the obligations of,	Section 607.0505, Fig	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and little to	applicable (NOT	E Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	MORRIS E. RENDAHL		1.2 NAME			
STREET ADDRESS	1810 E 131ST AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			
TITLE	S	DELETE	21 TITLE		☐ Change	☐ Addition
NAME	JENNIFER H. RENDAHL		2.2 NAME			
STREET ADDRESS	1810 E 131ST AVENUE		2:3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	Addition Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	_	3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADORESS			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			63 STREET ADDRESS			

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.

SIGNATURE: