FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000054307 (0)

DOCUMENT #
1. Corporation Name

TAMPA BAY VENTURES, INC.

Principal Place of Business

Mailing Address

88 CHESAPEAKE AVENUE TAMPA FL 33606

88 CHESAPEAKE AVENUE



				17111177 12 00000								
							3.	Date Incorporated or 07/13/1995	Qualified	3a. Date	of Last	Report
 Principal Pl 3/19 		iess 3T SHORE BLV	2a.	Mailing Address	37.SH0	ee Bayd		FET Number 59 33249	33	_	<u> </u>	Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5.	Certificate of Status I	Desired			75 Additional e Required
City & State 23 TAMPA FLORIDA			28	City & State 28 TAMPA		FLORIDA		Election Campaign Fi Trust Fund Contributi	_		\$5.	00 May Be led to Fees
Zip 24 336	29	Country 25 /4/44S	29	⁷¹⁰ 33629	30 Cour	ntry	8.	This corporation has Florida Statutes	liability for	intang ble ta		
	9, Name	and Address of Curren	t Regist		11			Name and Address			gent	
						81 Name						
Doliner, nathaniel l One Harbour Place					Ì	82 Street Addr	dress (P.O. Box Number is Not Acceptable)					
5TH FLOOR TAMPA FL 33602					-	83						
						84 City		· · · · · · · · · · · · · · · · · · ·			85	Zıp Code
11. Pursuant to or register familiar with	to the provis	ions of Sections 607.0502 both, in the State of Floric of the obligations of, Secti	and 607 ja. Such	.1508, Florida Statut change was authoriz	es, the aboved by the c	e named corpor orporation's boar	ration su and of dir	ubmits this statement rectors. I hereby acce	for the pur pt the appe	pose of char pointment as	.1 nging its registere	registered office ed agent. I am
SIGNATURE	in, and dood	or printed name of registered agent	011 007.0	505, Florida Statutes	s.							
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TH, TOO DEFED	y cerury that	the information supplied w	an ins fi	ino is voluntarily furn	esped and d	nes not auntify fo	or the ex	xemation stated in Se	olion 119 (37/39/W. Flori	da Stati	ites I further

14. To increay certify that the information supplies with this fining is voluntarily furnished and dises not qualify for the exemption stated in Section 1:9.07(3)(k), 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 trusted 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: X COLUMB CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.96

(813) 286-7030