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PROFIT CORPORATION ANNUAL REPORT

1998



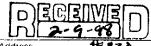
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038723 (8)

THE HERRON GROUP OF TAMPA, INC.



Principal Place of Business 600 NORTH WESTSHORE BLVD 600 NORTH WESTSHORE BLVD **SUITE 702 SUITE 702** DO NOT WRITE IN THIS SPACE **TAMPA FL 33609** TAMPA FL 33609 3. Date Incorporated or Qualified 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-3375105 Suite Ant # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 City 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 hen reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 TITLE Addition CRAVENS, ELAINE S NAME 1.2 NAME 600 N. WESTSHORE BLVD. #702 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33609** CITY - ST - ZIP 14 CITY-ST-ZIP DELFTE TITLE 21 TITLE Change Addition NAME CRAVENS, DONALD 22 NAME STREET ADDRESS 600 N. WESTSHORE BLVD. #702 2.3 STREET ADDRESS **TAMPA FL 33609** City-St-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DITETE Change TITLE ___ Addition 4.1 TiTLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST- ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 61 TITLE Change

14. Thereby 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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Ceavens

813-262-0866

FILED

Feb 13 1998 8:00am

Secretary of State