

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044972 (3)**

1. Corporation Name  
**WEST TAMPA, INC.**



Principal Place of Business <b>%NORTH AMERICAN PROPERTIES-SOUTHEAST, INC. 12995 S CLEVELAND AVE. SUITE 214 FT MYERS FL 33907</b>	Mailing Address <b>%NORTH AMERICAN PROPERTIES-SOUTHEAST, INC. 12995 S CLEVELAND AVE. SUITE 214 FT MYERS FL 33907-3607</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/28/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>65-0679864</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent <b>- THOMPSON, STEPHEN E - %NORTH AMERICAN PROPERTIES-SOUTHEAST, INC. 12995 S CLEVELAND AVE, SUITE 214 FT MYERS FL 33907</b>				10. Name and Address of New Registered Agent			
				81 Name <b>DALE G. HAFELE</b>			
				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 *[Signature]* **DALE G. HAFELE** 4-22-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	V/S/D	Change	Addition
NAME	WILLIAMS, WILLIAM J JR			1.2 NAME	DALE G. HAFELE		
STREET ADDRESS	121 E THIRD ST, SUITE 300			1.3 STREET ADDRESS	12995 S. CLEVELAND AVE, SUITE 214		
CITY-ST-ZIP	CINCINNATI OH 45202			1.4 CITY-ST-ZIP	FT MYERS, FL 33907		
TITLE	D	DELETE		2.1 TITLE		Change	Addition
NAME	WILLIAMS, WILLIAM J			2.2 NAME			
STREET ADDRESS	121 E THIRD ST, SUITE 300			2.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	GROTE, RICHARD W			3.2 NAME			
STREET ADDRESS	5240 LESTER ROAD, SUITE 200			3.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45213-2586			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE		Change	Addition
NAME	GROTE, THOMAS D			4.2 NAME			
STREET ADDRESS	5240 LESTER ROAD, SUITE 200			4.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45213-2586			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				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				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *[Signature]* **DALE G. HAFELE** 4/15/97 941-2781121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)