

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061974 (7)
1. Corporation Name
CORO INVESTMENTS OF HILLSBOROUGH COUNTY, INC.



Principal Place of Business 10549 NORTH FLORIDA AVENUE SUITE K TAMPA FL 33612	Mailing Address 10549 NORTH FLORIDA AVENUE SUITE K TAMPA FL 33612-6707
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3. Date Incorporated or Qualified 07/24/1996		3a. Date of Last Report	
2. Principal Place of Business 21 13902 N. Dale Mabry Hwy.	2a. Mailing Address 26 13902 N. Dale Mabry Hwy.	4. FEI Number 59-3391514	Applied For Not Applicable
22 Suite 165	27 Suite 165	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Tampa, Florida	28 Tampa, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33618-2424	25 USA	29 33618-2424	30 USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HENDERSON, THOMAS N III 101 EAST KENNEDY BOULEVARD SUITE 3700 - BARNETT PLAZA TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name Myers, W. Parkinson	
		82 Street Address (P.O. Box Number is Not Acceptable) 13902 N. Dale Mabry Hwy.	
		83 Suite 165	
		84 City Tampa	
		85 Zip Code FL 33618-2424	

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 W. Myers DATE **4/9/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Fransen, Victor R.
STREET ADDRESS		1.3 STREET ADDRESS	8221 Old Courthouse Road, Suite 204
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Myers, W. Parkinson
STREET ADDRESS		2.3 STREET ADDRESS	13902 N. Dale Mabry Hwy., Suite 165
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33618-2424
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Hutchinson, Marcus C.
STREET ADDRESS		3.3 STREET ADDRESS	8221 Old Courthouse Road, Suite 204
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Vienna, VA 22182
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: W. Myers DATE **4/9/97** (813) 960-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 (9/96)