

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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2. Principal Place of Business 21 13902 H. Dale Mabry Hwy. Suite, Apt. #, etc. 22 Suite 165 City & State 23 Tampa, Florida Zip 24 33618-2424		2a. Mailing Address 26 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc. 27 Suite 165 City & State 28 Tampa, Florida Zip 29 33618-2424		3. Date Incorporated or Qualified 07/24/1996		3a. Date of Last Report	
25 USA		30 USA		4. FEI Number 59-3391514		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				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 FL 85 Zip Code 33618-2424			
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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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.1 TITLE				P			
1.2 NAME				Fransen, Victor R.			
1.3 STREET ADDRESS				8221 Old Courthouse Road, Suite 204			
1.4 CITY-ST-ZIP				Vienna, VA 22182			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.1 TITLE				VP			
2.2 NAME				Myers, W. Parkinson			
2.3 STREET ADDRESS				13902 N. Dale Mabry Hwy., Suite 165			
2.4 CITY-ST-ZIP				Tampa, FL 33618-2424			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.1 TITLE				S			
3.2 NAME				Hutchinson, Marcus C.			
3.3 STREET ADDRESS				8221 Old Courthouse Road, Suite 204			
3.4 CITY-ST-ZIP				Vienna, VA 22182			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE							
6.2 NAME							
6.3 STREET ADDRESS							
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

CR2E034 (9/96)