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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

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\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069194 (4)

WORY STAG PROPERTIES, INC.

Principal Place of Business Mailing Address										
1414 SWANN AVENUE #201 1414 SWANN AVENUE #201										
TAMPA FL 336	106	TAMPA FL 33606-2533								
					3	Date Incorporated or Qualified 08/20/1996		te of Last R	Report	
2. Principal P	lace of Business	2a. Mailing Address			4	4. FEI Number Applied For			pplied For	
21		26				59-3406824 Not Applicabl			ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				. Certificate of Status Desired		\$8.75	Additional	
22		27				. Certificate of Status Desired		Fee Re	equired	
City & State	e	City & State			6	6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip Country		Zip	Country		8	8. This corporation has liability for intangible tax under s. 199.032,			i. 199.032,	
24	25 29 9. Name and Address of Current Register		30			Florida Statutes Yes L No 10. Name and Address of New Registered Agent				
		i Registerea Agent		81 Nam). Name and Address of New N	gistereo	agent		
O'NEILL, ALBERT C JR				Nami	Name					
	EAST KENNEDY BOULEVARD			82 Street	et Address (dress (P.O. Box Number is Not Acceptable)				
	TE 2700		83			······································				
· IAN	IPA FL 33602			03						
			1	84 City				85 Z(p)	Code	
44 Discussion	to the provisions of Cost and COZ OF O	and CO7 1500 Florida Ctatu	100 400 01		d compant	an all paids their statement for the	FL		to contribute	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	d by the co	orporation's	board of directors. I hereby acce	purpose or pt the app	ointment as	registered	
SIGNATURE										
	Signature, typed or printed name of registered agor			Agent signatu	ure required whi		DATE	DIDECTOL	20 11 40	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFI	LERS AND	Change	Addition	
	BLANCHARD, G R SR		1.2 NA					L.J Gliange	L_I Addition	
NAME	1414 SWANN AVENUE #201									
STREET ADDRESS	TAMPA FL 33606			REET ADDRESS	S					
CITY-ST-ZIP TITLE	D	DELF1E	2.1 1(1	Y-\$1-7IP				Change	Addition	
NAME	BLANCHARD, G R JR	beer te	2.2 NA					ontarigo	LI Mattion	
	1414 SWANN AVENUE #201				,					
STREET ADDRESS	TAMPA FL 33606			REET ADDRESS	S					
CITY-ST-ZIP			3.1 111	1Y-S1-ZIP				Change	Addition	
NAME	BLANCHARD, WILLIAM	3.1						Change LL	L. ⊓oanon	
STREET ADDRESS	1414 SWANN AVENUE #201			ime Reet address						
	TAMPA FL 33806				,	•				
CITY-ST-ZIP TITLE	D	DELETE	4.1 1/1	1Y-S1- <i>2</i> (P				Change	L Addition	
NAME	HARRIS, MALCOLM		4.2 N					4.1011B0		
STREET ADDRESS	1414 SWANN AVENUE #201			REET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33606			ntri muunco: IY-ST-ZIP	<u>' </u>					
TITLE	D	☐ DELETE	5.1 111					Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS	3805 HENDERSON BOULEVAR	SD.	5.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33629	10		rce i addres: Y-ST-ZIP	<u> </u>					
TITLE	1/201 F 1 5 00050	DELETE	5.4 UI 6.1 Til					Change	Addition	
NAME		Lad Decemb	6.2 NA					ondige	L. riddition	
STREET ADDRESS			6.3 STREET ADDR 6.4 CHYY-ST-ZIE		•					
CITY-ST-ZIP			■ 6.4 Ch	r-51-ZP	1					

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.