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

FILED Jan 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State

	1998 🧠 🚟	DIVISION)+ COHPOH/	AHONS	3 Scoretary	OI DE	att
1. Corporation	MENT # P9600 TO COAST OF TAMPA B	00082859 (5 BAY, INC.	5)			Rimi 1811. Stadt 1918	
							
Principal Plac	ce of Business	Mailing Address				4101 10116 11861 4868	
1200 WEST PLATT STREET 1200 WEST PLATT STREET SUITE 100 SUITE 100 TAMPA FL 33606 TAMPA FL 33606					DO NOT WRITE IN	THIS SPACE	
IMMIN IL O	000c	IMMPA PE 00000			3. Date Incorporated or Qualified		
					10/02/1996		
Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
<u> </u>		26			59-3404610		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
<u> </u>		27		 _	5. 55.155.55.55.55.55.55.55.55.55.55.55.	Fee	Required
City & Stat	ite	City & State			6. Election Campaign Financing		00 May Be
1		28			Trust Fund Contribution		ed to Fees
Zip J	Country	Zip	Cou	ntry	8. This corporation owes or has paid to	_ `	
<u></u>	9. Name and Address of Curr	29	30		Personal Property Tax due June 30		No
		ent riegistered Agent	— —	81 Name	10. Name and Address of New Regis	iereu Ageni	
	ORRISION, THOMAS K ESQ.		Ì	1450116			
1200 WEST PLATT STREET			j	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	JITE 100			93			
TAI	MPA FL 33606			83			
			į.			85 2	ip Code
				84 City			
			atutes, the ab as authorized , Florida State	pove-named co d by the corpor utes.	exporation submits this statement for the purpation's board of directors. I hereby accept to	pose of changing appointment	g its registered as registered
IGNATURE	Signature, typed or printed name of registered a		atutes, the ab as authorized , Florida State	pove-named co d by the corpor utes.		DATE	
GNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (f	atutes, the ab as authorized Florida State	pove-named co d by the corpor utes.	julfed when reinstaling)	DATE	ORS IN 12
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indicated on this sumula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am at 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, an attachment with an address.

SIGNATURE: