

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

FILED

Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P96000093346 (0)**

1. Corporation Name

**NEW TAMPA IMPROVEMENT DISTRICT, INC.**

Principal Place of Business

**401 PROVIDENCE ROAD  
BRANDON FL 33511**

Mailing Address

**401 PROVIDENCE ROAD  
BRANDON FL 33511**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/13/1996**

4. FEI Number

**59-3410521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**INGLIS, JOHN S  
SHUMAKER, LOOP & KENDRIK  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**Shumaker, Loop & Kendrick, LLP**

83

**101 E. Kennedy Blvd., Ste. 2800**

84

**Tampa**

**FL**

85 Zip Code  
**33602**

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: Typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KINSLER, WARREN</b>	
STREET ADDRESS	<b>401 PROVIDENCE ROAD</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILF, LEONARD</b>	
STREET ADDRESS	<b>820 MORRIS TURNPIKE</b>	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILF, ZYGMUNT</b>	
STREET ADDRESS	<b>820 MORRIS TURNPIKE</b>	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILF, MARK</b>	
STREET ADDRESS	<b>820 MORRIS TURNPIKE</b>	
CITY-ST-ZIP	<b>SHORT HILLS NJ 07078</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, trustee, or 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 in an attachment with an address.

SIGNATURE:

**Warren Kinsler, Director**

**2/17/98**

**813/968-7914**

CR2E034 (10/97)