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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000054851 (5)

DAYLIGHT OF TAMPA, INC.

| FILED |
|--------------------|
| Jun 15 1998 8:00am |
| Secretary of State |

| | | | I KARANTAN NO AKNI ABRIL BENI BENI BENI BENI BENI BIRI BIRI BIRI BIRI BIRI BIRI BARA NA BARA |
|---|---|--|--|
| Principal Place of Business | Mailing Address | | r okbirket ind Lorin 1961, oktivi obliti dolat dolat bibli gjadi bijdi stat i skti |
| 25 SECOND STREET NORTH. SUITE 340 ST. PETERSBURG FL 33701 | 25 SECOND STREET NO ST. PETERSBURG FL 33 | | |
| St. PETEROPORS TE SSTOT | SI. PETENSBONS PE W | orut . | DO NOT WRITE IN THIS SPACE |
| | | | 3. Date incorporated or Qualified |
| | | · | 06/20/1997 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 1213 16th Street N Suite, Apt. #, etc | orth 26 1213 16th 5 Suite, Apt. #, etc. | treet North | 59-3455995 Not Applicat |
| 22 | 27 | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | City & State | | Election Campaign Financing \$5.00 May Be |
| 23 St. Petershurg FL. Zip Country | 28 St. Peterst | arg, FL | Trust Fund Contribution Added to Fees |
| | | | 8. This corporation owes or has paid the current year Intangible |
| 24 33705 25 Pinci | | 30 Pinellas | Personal Property Tax due June 30. Yes No |
| | of Current Registered Agent | 81 Name | 10. Name and Address of New Registered Agent |
| Feld e r, Benjamin | | 81 Name | |
| -42 FIRST STREET S.E. | | | Address (P.O. Box Number is Not Acceptable) |
| ST. PETERSBURG FL 337 | 01 | 83 /0.5 | 75 68th Avenue North, Suite 02 |
| | | 83 | |
| | | 84 City | 85 Zip Code |
| | | | injude FL 33/112 |
| Pursuant to the provisions of Section office or registered agent, or both, it | ns 607.0502 and 607.1508, Florida Statu n the State of Horida. Such change was | ites, the above-named authorized by the con | corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered |
| agent. Fam familiar with, and accep | of the obligations of, Section 607.0505, F | lorida Statutes. | |
| SIGNATURE | registered agent and to elf applicable (NO | TE Registered Agent signature | TAQ (onitatanio) netw bonupon |
| | ICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE D | DELI TE | 1.1 TITLE | Change Addit |
| NAME MARTINO, ANNETTE | | 1.2 NAME | |
| | T NORTH, SUITE 340 | 1.3 STREET ADDRESS | 1213 16th Street North |
| CITY-ST-ZIP ST. PETERSBURG F | L 33701 | 1.4 CITY - ST - ZIP | St. Petersburg, FL 33705 |
| TITLE | ☐ DELF1E | 2.1 TITLE | ☐ Change ☐ Additi |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY+ST-ZIP | |
| TITLE | DELETE | 3 1 TITLE | Change Additi |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | , |
| CITY-ST-ZIP | · | 3.4. CITY - ST - ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | Charge L Additi |
| NAME | | 4. 2 NAME | < M/n/19 |
| STREET ADDRESS | | 4.3 STREET ADDRESS | M 1017- |
| CITY-ST-ZIP | Document | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | Additi |
| NAME | | 5.2 NAME | |
| STREET ADORESS | | 5.3 STREET ADDRESS | |
| CITY-\$1-ZIP | DELETE | 5.4 CITY-ST-7IP | SOCIOSSO / Stance Additi |
| TITLE | C DEFEIE | 6.1 TILLE | 3000025614560ange □ Addit -06/16/93-01100-027 |
| NAME | | 6.2 NAME | ***150.00 |

14. Thereby 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 trigity: empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it changed, or on an attachment with in address.

6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

CIGNIATURE.

STREET ADDRESS

CITY-ST-ZIP

1/22/90 (813) 894-5333