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Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000068777 (6) CHURCH ARBOR OF TAMPA DEVELOPMENT CORP. Principal Place of Business Mailing Address 4131 E BUSCH BLVD 4131 E BUSCH BLVD **TAMPA FL 32617 TAMPA FL 32617** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business 2a, Mailing Address Applied For 70723113 some Same Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζiρ Źiρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 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, and familiar with and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) Signature type DELICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 13. 12. DELETE M Addition TITLE $D^{\prime\prime}$ 11 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 3340 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DITTE Change Addition TITLE 4.1 JULE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Joseph Glucksijans

Inc

CR2E034 (10/97