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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # P97000084110 (0)

FILED Mar 16 1998 8:00am Secretary of State

Principal Place of Business		F TAMPA, INC.					
TAMPA FL 38604 TAMPA FL 38604 TAMPA FL 38604 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 109/26/1997 2. Principal Place of Business	ì '		<u>-</u>				
2. Principal Place of Business 2a. Making Address 4. FEI Nymber Applied For Sylva, Apr. 4, etc. Suite,						DO NOT WORT IN THE	PRACE
Section Place of Business Section Sect							SPACE
Suite, Apt. #, etc. Ap						· ·	
Suite, Apt ii, efc: Suite, Apt ii, efc: Suite, Apt ii, efc: Suite, Apt ii, efc: City & State	2. Principal P	lace of Business	2a. Mailing Address				Applied For
City & State City & Country Country City & Country						34.346.9681	Not Applicable
Zip Country Zip Country Zip Country Zip Country Registered Agent Statutes. The above-named corporation submite this statement for the purpose of changing its registered agent. Trust Fund Contribution Added to Fees Name and Address of Current Registered Agent 10. Name and Address of New Registered Age	22		\vdash			5. Certificate of Status Desired	•
Zip Country Zip Signature (Country 2 28 28 28 30		9	City & State		•	6. Election Campaign Financing	\$5.00 May Be
28				1 6			
TESTA, PHILIP J 4728-6 N LOIS AVE TAMPA FL 33614 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes. the bow-mand corporation submits this statement for the purpose of changing its 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, typeof or printed name of regulations of, Section 607.0505, Florida Statutes. TITLE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS TAMPA FL 33604 TITLE ORLETE 1.1 TITLE ORLETE 2.1 TITLE ORLETE 2.1 TITLE ORLETE 2.1 TITLE ORLETE 3.3 STREET ADDRESS GITY-ST-2P TITLE ORLETE 3.4 STREET ADDRESS GITY-ST-2P TITLE ORLETE 4.1 TITLE ORLETE Additional Change Additional Chang		⊢ _ ′	<u></u> ⊢ _ `	⊢ —¬	ıntry	·	
TESTA, PHILIP J 4726-8 N LOIS AVE TAMPA FL 33814 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 98 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hypot or primed name of regulatined agent air dist if appositive 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. MAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. City-S1-Zip TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Additional Cha	24			30			
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TAMPA FL 33614 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature Signature Speed or printed men: of registered agent and site if applicable NOTE: Registered agent signature required when reinitating) DATE 12.	472	26-B N LOIS AVE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
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Signature typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstaling) DATE	11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	502 and 607.1508, Florida St tle of Florida. Such change w igations of, Section 607.0505	atutes, the a vas authorize 5, Florida Sta	bove-named corp d by the corpora lutes.		
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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 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 op an attachment with an address.

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2/9/00