

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108820

1. Corporation Name

NEWMAN GROUP OF TAMPA, INC.

Principal Place of Business

ONE TAMPA CITY CENTER
201 N. FRANKLIN STREET, SUITE 2600
TAMPA FL 33602

Mailing Address

ONE TAMPA CITY CENTER
201 N. FRANKLIN STREET, SUITE 2600
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

APPROVED FOR 59-3507130

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MAX MITCHELL NEWMAN
ONE TAMPA CITY CENTER
201 N. FRANKLIN STREET, SUITE 2600
TAMPA FL 33602~~

81. Name

David B. Weinstein

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

One Tampa City Ctr., 201 N. Franklin Street

83.

Suite 2600

84.

City
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

David B. Weinstein

1/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME MAX MITCHELL NEWMAN
STREET ADDRESS ONE TAMPA CITY CENTER 201 N FRANKLIN #2600
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE ~~DAVID WEINSTEIN~~
NAME DAVID WEINSTEIN
STREET ADDRESS ONE TAMPA CITY CENTER 201 N FRANKLIN #2600
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE P
NAME BILL SANTORR
STREET ADDRESS ONE TAMPA CITY CENTER 201 N FRANKLIN #2600
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secretary 1/14/99 221-2626

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90067 011 ***150.00

