

05171999-90058-030-\$150.00-\$150.00

FILED
May 17, 1999 8:00 am
Secretary of State

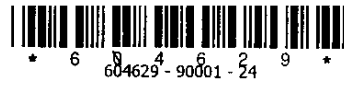
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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000023931 ✓
1. Corporation Name
NORTHSTAR TAMPA INC.



Principal Place of Business
6222 E ADAMO DR
TAMPA FL 33618

Mailing Address
10019 N. DALE MARRY HWY
SUITE 600
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6222 E ADAMO DR
Suite, Apt. #, etc.

2a. Mailing Address
26 10019 N. DALE MARRY HWY
Suite, Apt. #, etc.
27 600

23 TAMPA FL
24 33618
25 USA

3. Date Incorporated or Qualified
3/12/1998

4. FEI Number
59-3501247

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
MARK OLAN PA
112 EAST AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BRAMONTE	1.2 NAME	
STREET ADDRESS	10019 N. DALE MARRY HWY SUITE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT / SEC. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN BROWN	2.2 NAME	
STREET ADDRESS	21622 MARGUERITE PKY APT 316	2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION VIEGO CAL. 92662	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY RIVERA	3.2 NAME	
STREET ADDRESS	8814 TOPANGA CYN - BLDG 5	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANOGA PARK CA 91304	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ DATE: 4/25/99 DAYTIME PHONE #: 813 968 1936

CR2E034 (11/98)