

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

05-17-1999 90058 030 \*\*\*150.00

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	3. Date Incorporated or Qualified 3/12/1998	4. FEI Number 59-3501247	Applied For Not Applicable
22 City & State 23 TAMPA FL	28 City & State 28 TAMPA FL	5. Certificate of Status Desired 29 33618 30 USA	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24 33618 25 USA	29 33618 30 USA	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

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL BRAMONTE 10019 N. DALE MARRY HWY SUITE 600 TAMPA FL 33618	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SEC. ALDEN BROWN 21622 MARGUERITE PKY APT 316 MISSION VIEGO CAL. 92662	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HARRY RIVERA 8814 TOPANGA CYN BLVD S CANOGA PARK CA 91304	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (11/98)