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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057566

NEW TAMPA ENTERPRISES, INC.

FILED Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90050 045 ***150.00



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DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address)	******
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25 29 30 Personal Property Tax color No	23							o Fees
9, Name and Address of Current Registered Agent TOOLE, DANA G 38047 PASCO AVE. DADE CITY FL 33525 84 City FL 35525 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 City FL 35525 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507:0502 and 507:1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. are both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent	Zip			Country		-		[]No
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NAME 62 NAME		<u> </u>					Change	Addition
CONTEST ACCOUNTS								_
	STREET ADDRESS				ADDRESS			

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

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FERREIRA