


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90083 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # P98000060601 1. Corporation Name TAMPA CONCESSIONS, INC.																																																																													
Principal Place of Business 18 PRESTON CT SWAMPSCOT MA 01907			Mailing Address 18 PRESTON CT SWAMPSCOT MA 01907																																																																										
DO NOT WRITE IN THIS SPACE																																																																													
2. Principal Place of Business 21 11921 N. Dale Mabry Suite, Apt. #, etc. 22 City & State 23 Tampa, Florida Zip Country 24 33618 25 26 11921 N. Dale Mabry Suite, Apt. #, etc. 27 City & State 28 Tampa, Florida Zip Country 29 33618 30																																																																													
3. Date Incorporated or Qualified 07/06/1998			4. FEI Number 58-2402695																																																																										
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required																																																																										
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees																																																																										
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																													
9. Name and Address of Current Registered Agent MCINTOSH, ANDREW L 101 E KENNEDY BLVD, STE 2000 TAMPA FL 33602			10. Name and Address of New Registered Agent 81 Name Christopher Scott 82 Street Address (P.O. Box Number is Not Acceptable) 345 Bayshore Blvd. #1707 83 84 City Tampa FL 85 Zip Code 33606																																																																										
11. Pursuant to the provisions of Sections 607.0501 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 Christopher Scott - President 5/3/99 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOT E: Registered Agent signature required when reinstating)</small>																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SCOTT, CHRISTOPHER B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18 PRESTON CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SWAMPSCOT MA 01907</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Christopher Scott</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>345 Bayshore Blvd. #1707</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FLA. 33606</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> DELETE	NAME	SCOTT, CHRISTOPHER B		STREET ADDRESS	18 PRESTON CT		CITY-ST-ZIP	SWAMPSCOT MA 01907		TITLE	PRESIDENT	<input type="checkbox"/> DELETE	NAME	Christopher Scott		STREET ADDRESS	345 Bayshore Blvd. #1707		CITY-ST-ZIP	Tampa, FLA. 33606		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP														
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Christopher Scott** **Al** **813-968-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)