

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S08628** (7)
1. Corporation Name
SRS-22 CORPORATION

Principal Place of Business 101 E. KENNEDY AVE. SUITE 1818 TAMPA FL 33602	Mailing Address 101 E. KENNEDY AVE. SUITE 1818 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3000 Nations Bank Plaza 22 400 North Ashley Drive 23 Tampa, FL 24 33602		2a. Mailing Address 26 3000 Nations Bank Plaza 27 400 North Ashley Drive 28 Tampa, FL 29 33602		3. Date Incorporated or Qualified 10/19/1990	3a. Date of Last Report 04/02/1996
				4. FEI Number 59-3038159	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLOMON, STANFORD R.
101 E. KENNEDY AVE. SUITE 1818
TAMPA FL 33602**

81 Name same
82 Street Address (P.O. Box Number is Not Acceptable) 3000 Nations Bank Plaza
83 400 North Ashley Drive
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 **Stanford R. Solomon**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLOMON, STANFORD R.		1.2 NAME same	
STREET ADDRESS 101 E KENNEDY BLVD. 1818		1.3 STREET ADDRESS 3000 Nations Bank Plaza, 400 North Ashley Drive	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, FL 33602	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLOMON, STANFORD R.		2.2 NAME same	
STREET ADDRESS 101 E KENNEDY BLVD. 1818		2.3 STREET ADDRESS 3000 Nations Bank Plaza, 400 North Ashley Drive	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL 33602	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE: **Stanford R. Solomon**

DATE **7/28/97** 013-075-1818

CR2E034 (4/97)