FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CITY-ST-ZIF

SIGNATURE!

May 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # \$16911 (7)MP OF TAMPA, INC. Principal Place of Business Mailing Address 12854 N. DALE MABRY 12954 N. DALE MABRY TAMPA FL 3361B TAMPA FL 33618-2806 3a. Date of Last Report 3. Date Incorporated or Qualified 04/25/1996 12/04/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3098545 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MURPHY, THOMAS J. 12954 N. DALE MABRY HWY. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Horida 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 Horida. Such change was authorized by the corporation's board of directors. Thereby 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 the Capplicable (NOTE: Begistered Agen; signature required whom reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 1011.6 TITLE MURPHY, THOMAS J. 1.2 NAME NAME 3025 SAMARA DRIVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST - 7(P CITY-ST-ZIP Change Addition DELETE 2.1 Hitte TITLE PHILLIPS, A. BURT 2 2 NAME NAME 1002 HARBOR ISLAND BLVD STREET ADDRESS 2.3 STREET ADDRESS TAMPA F 2. 4 CHY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE. 31 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 41 11116 Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-7/P CITY+ST-ZIP Change Addition DELETE 5.110 LE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELE 1E Change Addition 6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 correspond to 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 43 if the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 813269-0899

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