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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V23585

(5)

GEOPGE & TITUS, P.A. Principal Place of Business Mailing Address 100 S. ASHLEY DRIVE P.O. BOX 3240 **SUITE 1290** TAMPA FL 33601-3240 **TAMPA FL 33602** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1992 05/01/1996 2. Principal Prace of Business 2a. Mailing Address 4. FE! Number Applied For 59-3113540 Not Applicable 26 Suite, 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 23 Added to Fees 28 Źιρ Country Country This corporation has liability for intangible tax under s. 199.032, 【 Yes 🔲 No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BI Name GEORGE, PETER E. 100 SOUTH ASHLEY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1290 A3 TAMPA FL 33602** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical co-printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DP DELETE 1.1 TITLE Change Addition TILLE GEORGE, PETER E. 1.2 NAME NAME 100 S. ASHLEY DRIVE, STE 1290 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33602** CITY-SI-ZIF 14 City-St-ZiF DELETE Change Addition THILE 21 TITLE TITUS, DOUGLAS J 2.2 NAME NAME 100 S. ASHLEY DRIVE STE 1290 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY - ST - ZIP CITY ST- ZIF DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-S1-7# 3.4. CITY-S1-ZIP DELETE Change Addition 4.1 TITLE THE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - 7(P) DELETE Change Addition 5.1 TITLE TIME 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-7/F 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THILE 62 NAME NAME STREET ADORESS 6.3 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 corporation or the recoiver 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 open attachment with an address.

6.4 CITY-ST-ZIP

CDY-S1-76

FILED

Apr 03 1997 8:00am

Secretary of State