## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT #** 1. Corporation Name

(1)

	30TH S	TREET F	8 & D PARK, INC	) '														
Principal Place of Business Mailing Address													<b>DIBER HIRBRE</b> EH	(BA 1881 B1818 1		II <b>Geg</b> il		
C/O R.H. KESSEL 702 N. FRANKLIN STREET TAMPA FL 33602-4418 US					C/O R.H. KESSEL PO BOX 111 TAMPA FL 33801-0111 US						3. Date	Incorporated	or Qualified	3a. D	ate of Last	Repo	rt	
							···				06	/17/1992			05/01/19			
2. 21	, Principal Pla 	Principal Place of Business			2a, Mailing Address						E0 0400400					-+	lied For Applicable	
22	Suite, Apt. #, etc.			0.7	Suite, Apt. #, etc.							ficate of Statu			\$8.75 Additional			
	City & State				City & State					* · · · · · · · · · · · · · · · · · · ·		ion Campaign					Лау Ве	
23	Zκο	Zip Country			28 Zip Coi						<del></del>	Fund Contrib corporation ha				ded to		
24	L		25	29			30				Floric	la Statutes	<b>I</b> XÌ Y€	es ∐Ño		5 193		
		9. Name	and Address of Curr	rent Reg	istered Age	nt		81	T	Name	10. Nam	e and Addre	ss of New	Registere	d Agent			
MCDEVITT, S M 702 N FRANKLIN ST									<u> </u>		6.6.5							
								82		Street Addre	dress (P.O. Box Number is Not Acceptable)							
	TAMPA F	L 33602						63										
								84	1	City	·			F	85	Zip Co	ode	
	or registere familiar wil	ed agent, or	ons of Sections 607.05 both, in the State of Fl pt the obligations of, Si	orida. Su	ch change w	as authorize	ed by th	e corp	nar	med corpora ation's board	ation submit d of director	s this stateme s. I hereby ac	nt for the p cept the ap	urpose of oppointment	changing its as register	s regis ad age	stered office ent. I am	
SI	igna <b>y</b> ure _	Signature, typicol	or printed name of registered ag	perit and title	if applicable	(NO	TE: Registe	ered Ager	nt s	gnature required (	when reinstating	)		CIATE				
12		NA	OFFICERS /	and dire	V2010-00-00-00-00-00-00-00-00-00-00-00-00-	NE ETC	1;				ADDI	TIONS/CHAN	GES TO OF	FICERS A	<u></u>	***********		
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'	certify that	the informat	the information supplication indicated on this a er or director of the co Block 13 if changed of	Anuar reoi	ent of supplie	maritar anni	ual reno	rt is tru	υĢ	and accurate	e and that t	ny signature s equired by Ch	hall have th	ne same led	aal effect as	s if ma	ide under	

SIGNATURE: \_

SIGNATURE AND TYPLO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

(813)228-4218