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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58486

ABRAHAMTAMPA, ING. TATM/TAMPA, INC. N/C(4) 98

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



6600 S.W. 57 MIAMI FL 331 US		6600 S.W. 57TH AVE MIAMI FL 33143 US	MIAMI FL 33143		3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1992		
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0363088		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ip 24	Country 25	Zip 29	30 Coun	itry	Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
BRYER, WARREN				B1 Name	ne e			
6800 SW 57 AVE Suite 600					et Address (P.O. Box Number is Not Acceptable)			
MIA	VMI FL 33143		-	83				
			ŀ	34 City	FI	85	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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or prieted name of registered acr		i: Registored	Agent signatu	ure required whon reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	DELETE	1.1 TITL			Char	nge 🔲 Addition 🕃	
NAME	4464 6344 6 67		1 2 NAM		I a su ca dans		7	
STREET ADDRESS				EET ADDRESS	_		ត្ត	
CITY-ST-ZIP	MIAMI FL	D DELETE	_	-ST-ZIP	Many Fl. 38143		<u>5</u>	
TITLE	D APPONIANA THOMAS T	☐ DELETE	2.1 TITL			Char	nge 🔲 Addition 🕻	
NAME ATORET LOODEGE	ABRAHAM, THOMAS T.		2.2 NAV				1	
STREET ADDRESS	6600 SW 57 AVE			eet address	S			
CITY-ST-ZIP TITLE			_	Y - ST - ZIP				
NAME			3.1 TITU			☐ Char	nge 🔲 Addition	
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	TAMPA FL			EET ADDRESS	S			
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NAME	BRYER, WARREN		4. 2 NAM			L CHAI	nge 🗀 Xaasaan	
STREET ADDRESS	6600 SW 57TH AVE							
CITY-ST-ZIP	MIAMI F			ET ADDRESS			/	
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STREET ADDRESS							フノ 、ト	
CITY-ST-ZIP				ET ADDRESS		/-	///	
TITLE		☐ DELETE	5.4 CITY 6.1 TITLE		0000025094	da.	nge Addition	
NAME			6.2 NAM		0000025094 -05/04/98010570	10	igo [] Macilion	
STREET ADDRESS				ET ADDRESS	1 ***150.00			
CITY ST. 7IP			6 3 STRE		·			

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.

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