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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711069 (5)
1. Corporation Name
TAMPA BUILDERS' EXCHANGE, INC.



Principal Place of Business Mailing Address
605 SO FREMONT AVE TAMPA FL 33606
605 SO FREMONT AVE TAMPA FL 33606-2401

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-0474893		04/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIAZ, ELIER 4319 CULBREATH RD VALRICO FL 33594				81 Name DIAZ, ELIER			
				82 Street Address (P.O. Box Number is Not Acceptable) 5353 W TYSON AVE			
				83			
				84 City TAMPA			
				FL 85 Zip Code 33611			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBBINS, JAY			1.2 NAME	DIAZ, DEL		
STREET ADDRESS	13001 NO NEBRASKA AVE			1.3 STREET ADDRESS	1704 W GRACE ST		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA FL 33607		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRY, BRYAN			2.2 NAME	BROWN, MERLYN		
STREET ADDRESS	1525 W KENNEDY BLVD			2.3 STREET ADDRESS	14826 WINDING CREEK CT		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA FL 33613		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, ELIER			3.2 NAME	GUY, DANA		
STREET ADDRESS	4319 CULBREATH RD			3.3 STREET ADDRESS	13215 N NEBRASKA AVE		
CITY-ST-ZIP	VALRICO FL			3.4 CITY-ST-ZIP	TAMPA FL 33612		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	V (1ST)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, JIM			4.2 NAME	HARDY, JIM		
STREET ADDRESS	4210 EL PRADO BLVD			4.3 STREET ADDRESS	4210 EL PRADO BLVD		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	TAMPA FL 33629		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	V (2ND)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUY, DANA			5.2 NAME	DIAZ, ELIER		
STREET ADDRESS	13215 N NEBRASKA AVE			5.3 STREET ADDRESS	5353 W TYSON AVE		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	TAMPA FL 33611		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	(SEE ATTACHED LIST)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, MERLYN			6.2 NAME			
STREET ADDRESS	14826 WINDING CREEK CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (813) 253-5733
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047331

CR2E037 (9/96)