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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F05404 (1)

1. Corporation Name
TANDOVA, INC.



Principal Place of Business
6010 N ARMENIA AVE
TAMPA FL 33604

Mailing Address
6010 N ARMENIA AVE
TAMPA FL 33604-5704

3. Date Incorporated or Qualified 11/13/1980
3a. Date of Last Report 01/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2040682

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECENIA, TANDOVA JADE
6010 N ARMENIA AVE
TAMPA FL 33604

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 printed name 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 PSD
NAME ECENIA, TANDOVA JADE
STREET ADDRESS 6010 N ARMENIA AVE
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME ECENIA, PAUL
STREET ADDRESS 8601 N GOMEZ AVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME ECENIA, GREGORY VANN
STREET ADDRESS 6008 N. ARMENIA AVE.
CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Tandova J Ecenia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-97 813-8776204
Date Daytime Phone #

CR2E034 (9/96)