

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

011254

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J31507 (3)

1. Corporation Name
TLC OF TAMPA BAY, INC.



Principal Place of Business 217 BAYSHORE DR. 805 - 75TH AVENUE HENDERSONVILLE TN 37075 US	Mailing Address P.O. BOX 2706 HENDERSONVILLE TN 37066 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1717 W. 6th St. Suite, Apt. #, etc. 22 Suite 295 City & State 23 AUSTIN, TX Zip 24 78703	2a. Mailing Address 26 1717 W. 6th St. Suite, Apt. #, etc. 27 Suite 295 City & State 28 AUSTIN, TX Zip 29 78703	3. Date Incorporated or Qualified 09/04/1986
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4. FEI Number 59-2717453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROIDA, JOEL D
 805 - 75TH AVENUE
 ST PETERSBURG BEACH FL 33706-1835**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CRUSE, RONALD		1.2 NAME	
STREET ADDRESS 217 BAY SHORE DR.		1.3 STREET ADDRESS 1717 W. 6th St. #295	
CITY-ST-ZIP HENDERSONVILLE TN		1.4 CITY-ST-ZIP AUSTIN, TX 78703	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALEXANDER, DAVID		2.2 NAME	
STREET ADDRESS 217 BAY SHORE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP HENDERSONVILLE TN		2.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CRUSE, CYNTHIA L.		3.2 NAME	
STREET ADDRESS 217 BAY SHORE DR.		3.3 STREET ADDRESS 1717 W. 6th St. #295	
CITY-ST-ZIP HENDERSONVILLE TN		3.4 CITY-ST-ZIP AUSTIN, TX 78703	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ Date: **7-22-98**

CR2E034 (5/98)