

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **N24866** (8)

1. Corporation Name  
**TUTTEROW STARS OF TOMORROW, INC.**



Principal Place of Business  
 13225 101 ST 5TH ST.  
 #372  
 LARGO FL 34641  
 US

Mailing Address  
 13225 101 ST SE  
 #372  
 LARGO FL 34643  
 US

3. Date Incorporated or Qualified **02/16/1988** 3a. Date of Last Report **04/27/1995**

4. FEI Number **59-2871199** Applied For Not Applicable

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

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

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

2. Principal Place of Business  
 21 13225 101st St SE, Lot 372  
 Suite, Apt #, etc. -  
 22 -  
 City & State  
 23 Largo, Florida  
 Zip Country  
 24 34643 25 Pinellas  
 2a. Mailing Address  
 26 P. O. Box 650  
 Suite, Apt #, etc. -  
 27 -  
 City & State  
 28 Largo, Florida  
 Zip Country  
 29 34649 30 Pinellas

9. Name and Address of Current Registered Agent  
**TUTTEROW, PHYLLIS**  
**9980 ULMERTON RD.,**  
**UNIT 372**  
**LARGO FL 34641**

10. Name and Address of New Registered Agent  
 81 Name **Phyllis Tutterow**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**13225 - 101st Street SE, Lot 372**  
 83  
 84 City **Largo** 85 Zip Code **FL 34643**

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, 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	PD	1.1 TITLE	PD
NAME	DOUG WRIGHT	1.2 NAME	Joe Carpenter
STREET ADDRESS	14660 BAY DR	1.3 STREET ADDRESS	13419 Hacienda Drive
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, FL 34644
TITLE	TD	2.1 TITLE	VD
NAME	RHEA BRATCHER	2.2 NAME	Earl T. Brown
STREET ADDRESS	1829 BELLEAIR RD	2.3 STREET ADDRESS	1848 Laurence Court
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	SD	3.1 TITLE	SD
NAME	WILLIAMS, DOROTHY	3.2 NAME	Karen Munyan
STREET ADDRESS	1206 ROSEWOOD ST	3.3 STREET ADDRESS	4001 Harbor Hills Drive
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, FL 34640
TITLE	VD	4.1 TITLE	TD
NAME	DEBRA HALL	4.2 NAME	Toni Ruggieri
STREET ADDRESS	3060 BOLT DR	4.3 STREET ADDRESS	13307 Whispering Palms #307
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Largo, FL 34644
TITLE	D	5.1 TITLE	D
NAME	TUTTEROW, PHYLLIS	5.2 NAME	Phyllis Tutterow
STREET ADDRESS	9980 ULMERTON RD	5.3 STREET ADDRESS	13225 - 101st Street SE, Lot 372
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	VD	6.1 TITLE	D
NAME	DONNA HAMBLETON	6.2 NAME	Lucy Cerpa-Martinez
STREET ADDRESS	13245 110TH AVE. N.	6.3 STREET ADDRESS	2254 Beverly Lane
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	Clearwater, FL 34624

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Joe Carpenter* President (813) 595-3949  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)