

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 28 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N24866 (8)**  
1. Corporation Name  
**TUTTEROW STARS OF TOMORROW, INC.**



Principal Place of Business		Mailing Address	
13225 101ST ST SE, LOT 372 #372 LARGO FL 34643 US		PO BOX 650 #372 LARGO F 34649 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

3. Date Incorporated or Qualified  
**02/16/1988**

4. FEI Number  
**59-2871199**

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**TUTTEROW, PHYLLIS  
13225 101ST ST SE, LOT 372  
UNIT 372  
LARGO FL 34643**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARPENTER, JOE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13419 HACIENDA DR	1.2 NAME	
STREET ADDRESS	LARGO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BROWN, EARL T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1848 LAURENCE CT	2.2 NAME	
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MUNYAN, KAREN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4001 HARBOR HILLS DR	3.2 NAME	
STREET ADDRESS	LARGO FL	3.3 STREET ADDRESS	Linda Wright - secretary
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1400B - Bay Drive
TITLE	TD RUGGIERI, TONI	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13307 WHISPERING PALMS, 307	4.2 NAME	
STREET ADDRESS	LARGO FL	4.3 STREET ADDRESS	Michael King
CITY-ST-ZIP		4.4 CITY-ST-ZIP	717-13 Court SW
TITLE	D TUTTEROW, PHYLLIS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13225-101ST ST SE, LOT 372	5.2 NAME	
STREET ADDRESS	LARGO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CERPA-MARTINEZ, LUCY	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2254 BEVERLY LANE	6.2 NAME	
STREET ADDRESS	CLEARWATER FL	6.3 STREET ADDRESS	Laura Peters
CITY-ST-ZIP		6.4 CITY-ST-ZIP	12481 - 104 Avenue North

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 registered agent 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:** \_\_\_\_\_ **3/15/98** **873-555-3945**

CR2E037 (10/97)