

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N33996 (2)

1. Corporation Name

TAMPA CRUIS-A-CADE CLUB, INC.



Principal Place of Business: TAMPA CRUIS-A-CADE CLUB, 700 W. ROSS AVE., TAMPA FL 33603 US
Mailing Address: C/O HAL HOGAN, 2901 BURKE ST, TAMPA FL 33614 US

3. Date Incorporated or Qualified: 08/31/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24, Country: 25
2a. Mailing Address: 26 SHARON HOGAN
Suite, Apt. #, etc.: 27 2901 BURKE ST
City & State: 28 TAMPA, FL 33614
Zip: 29 USA, Country: 30 HILLS

4. FEI Number: 59-6176972
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

9. Name and Address of Current Registered Agent: HOGAN, HAL, 2901 BURKE ST, TAMPA FL 33614

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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 re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOGAN, HA; 2901 BURKE ST TAMPA FL	1.1 TITLE	PD SHARON HOGAN
NAME		1.2 NAME	SHARON HOGAN
STREET ADDRESS		1.3 STREET ADDRESS	2901 BURKE ST
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VD HOGAN, SHARON 2901 BURKE ST TAMPA FL	2.1 TITLE	VD HARRY EVERSON
NAME		2.2 NAME	HARRY EVERSON
STREET ADDRESS		2.3 STREET ADDRESS	6447 LAKE SUNRISE DR
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	VD NELSON, ALAN 800 MAIN STREET #375 DUNEDIN FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	TD KLEINHAMPLE, ED 26204 CORKWOOD COURT LAND O. LAKES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O. LAKES FL	4.4 CITY-ST-ZIP	
TITLE	SD WUNDER, RUTH 4859 BAY CREST DRIVE TAMPA FL	5.1 TITLE	SD ARDDY JOHNSON
NAME		5.2 NAME	ARDDY JOHNSON
STREET ADDRESS		5.3 STREET ADDRESS	4211 RIVERVIEW AVE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D VANNUNEN, NORMA 5908 KENNETH AVENUE TAMPA FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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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: _____ DATE: 4-20-96 DAYTIME PHONE #: 813-978-7562

CR2E037 (12/95)