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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 SHARON HDGAN 2901 BURKE ST. TAMPA FL 33614-6001 US
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3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last Report 04/26/1996
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip	22. Mailing Address Suite, Apt #, etc. City & State Zip	23. Country	24. Country
TAMPA CRUIS-A-CADE CLUB	TAMPA CRUIS-A-CADE CLUB PO Box 7686 TAMPA, FL 33673	US	US

4. FEI Number 59-6176972	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ED KLEINHAMPLE
82 Street Address (P.O. Box Number is Not Acceptable) 26204 CORKWOOD CT
83
84 City LAND O' LAKES
85 Zip Code FL 34639

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]* DATE: **4-20-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SHARON HOGAN	1.1 TITLE PD	1.2 NAME JOSEPH WEST
STREET ADDRESS 2901 BURKE ST.	CITY-ST-ZIP TAMPA FL	1.3 STREET ADDRESS 6713 EDNAM PL.	1.4 CITY-ST-ZIP TAMPA, FL 33604
TITLE VD	NAME HARRY EVERSON	2.1 TITLE VD	2.2 NAME ALAN NELSON
STREET ADDRESS 6447 LAKE SUNRIDE DR.	CITY-ST-ZIP APOLLO BCH FL	2.3 STREET ADDRESS 800 MAIN ST #375	2.4 CITY-ST-ZIP DUNEDIN, FL. 34698
TITLE VD	NAME NELSON, ALAN	3.1 TITLE VD	3.2 NAME DARL FUNKHOUSER
STREET ADDRESS 800 MAIN STREET #375	CITY-ST-ZIP DUNEDIN FL	3.3 STREET ADDRESS 3918 YELLOW FINCH LN	3.4 CITY-ST-ZIP LUTZ, FL 33549
TITLE TD	NAME KLEINHAMPLE, ED	4.1 TITLE	4.2 NAME
STREET ADDRESS 26204 CORKWOOD COURT	CITY-ST-ZIP LAND O, LAKES FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE SD	NAME ARDDY JOHNSON	5.1 TITLE	5.2 NAME
STREET ADDRESS 4211 RIVERVIEW AVE	CITY-ST-ZIP TAMPA FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME VANNUNEN, NORMA	6.1 TITLE	6.2 NAME
STREET ADDRESS 5908 KENNETH AVENUE	CITY-ST-ZIP TAMPA FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-20-97** DAYTIME PHONE: **813-987-8935**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)