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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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: PO BOX 7696, TAMPA FL 33673 US

3. Date Incorporated or Qualified: 08/31/1989
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
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

21. Principal Place of Business, 22. Suite, Apt. #, etc., 23. City & State, 24. Zip, 25. Country, 26. Mailing Address, 27. Suite, Apt. #, etc., 28. City & State, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
KLEINHAMPLE, ED
26204 CORKWOOD CT
LAND O'LAKES FL 34839

10. Name and Address of New Registered Agent
81 Name: TAUB, STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable): 15914 WINDING DRIVE
83
84 City: TAMPA FL 85 Zip Code: 33624

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: *Stephen Taub* STEPHEN TAUB, TREASURER DATE: 4/27/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEST, JOSEPH	
STREET ADDRESS	8713 EDNAM PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FUNKHOUSER, DARL	
STREET ADDRESS	3918 YELLOW FINCH RD	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, ALAN	
STREET ADDRESS	800 MAIN STREET #375	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLEINHAMPLE, ED	
STREET ADDRESS	26204 CORKWOOD COURT	
CITY-ST-ZIP	LAND O, LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ARDDY JOHNSON	
STREET ADDRESS	4211 RIVERVIEW AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANNUNEN, NORMA	
STREET ADDRESS	5908 KENNETH AVENUE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patrick J Deahy
3.3 STREET ADDRESS	14126 CAPITAL BL
3.4 CITY-ST-ZIP	TAMPA FL 33617
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD TAUB, STEPHEN
4.3 STREET ADDRESS	15914 WINDING DRIVE
4.4 CITY-ST-ZIP	TAMPA, FL 33624-1577
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary Sharon Hogan
5.3 STREET ADDRESS	2901 W. Barke St.
5.4 CITY-ST-ZIP	Tampa FL 33614
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Steve J. Bollich
6.3 STREET ADDRESS	1010 West Braddock St.
6.4 CITY-ST-ZIP	TAMPA, FL 33603

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

SIGNATURE: *Joseph West* JOSEPH WEST PD 4/27/98 (813) 248-2531

CR2E037 (10/97)