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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N33996

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 7686  
TAMPA FL 33673  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6176972	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEPHEN, TAUB 15914 WINDING DR TAMPA FL 33624				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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, JOSEPH			1.2 NAME			
STREET ADDRESS	8713 EDNAM PL			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUNKHOUSER, DARL			2.2 NAME			
STREET ADDRESS	3918 YELLOW FINCH RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEATTY, P J			3.2 NAME			
STREET ADDRESS	14026 CAPITOL DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAUB, S			4.2 NAME			
STREET ADDRESS	15914 WINDING DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGAN, S			5.2 NAME			
STREET ADDRESS	2901 W BURKE ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLLICH, S			6.2 NAME			
STREET ADDRESS	1010 W BRADDOCK ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33603			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Stephen E. Taub* DATE: 1/11/99 DAYTIME PHONE: 813-265-1321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)