

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 # 733597 (9)
1. Corporation Name
NEW SUBURB BEAUTIFUL CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O JOHN B. NEUKAMM **C/O JOHN B. NEUKAMM**
100 NORTH TAMPA ST., STE. 1900, PO BX 500 **100 NORTH TAMPA ST., STE. 1900, PO BX 500**
TAMPA FL 33601-0500 **TAMPA FL 33601-0500**

3. Date Incorporated or Qualified 08/18/1975	3a. Date of Last Report 05/01/1995
4. FEI Number NOT APPLICABLE	Applied For 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

NEUKAMM, JOHN B
100 NORTH TAMPA ST., STE. 1900
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIKMAN, ROBERT J	1.2 NAME	
STREET ADDRESS	2402 PROSPECT ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33629	1.4 CITY-STATE-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, MARK	2.2 NAME	
STREET ADDRESS	2613 SUNSET DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33629	2.4 CITY-STATE-ZIP	
TITLE	-SD- <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOSEPH A	3.2 NAME	
STREET ADDRESS	2525 WATROUS AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33629	3.4 CITY-STATE-ZIP	
TITLE	-VD- <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNEE, DAVID	4.2 NAME	
STREET ADDRESS	2403 SUNSET DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33629	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bayless, John
STREET ADDRESS		5.3 STREET ADDRESS	2501 Prospect Road
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Tampa, Florida 33629
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hough, Candi
STREET ADDRESS		6.3 STREET ADDRESS	2602 Sunset Drive
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Tampa, Florida 33629

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 199.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (813) 272-0228
Date Daytime Phone #

CR2E037 (12/95)