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NONPROFIT CORPORATION

ANNUAL REPORT 1998



PLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

| FILED |
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| Feb 18 1998 8:00am |
| Secretary of State |

| THE SPF | RING OF TAMPA BAY, INC | | | | 1811 BADU BABU BABU DIRI BADU 1881 |
|---|--|---|--|--|--|
| Principal Place | of Business | Mailing Address | | . 145111 14611 41611 4161 15111 13216 1511 6 | .m.; 4:41: 0)94 0101 (181) (1911 194) |
| 2807 N. 35TH ST. P O BOX 4772 TAMPA FL 33677 | | P.O. BOX 4772 TAMPA FL 33677 US | | 3. Date Incorporated or Qualified 11/23/1977 4. FEI Number | Applied For |
| 2. Principal Pla | on of Rusiness | 2a. Mailing Address | | 59-1777135 | Not Applicable |
| 21 | ice of business | 26 Walling Address | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution | Added to Fees |
| City & State | | City & State | | 7. Is this nonprofit corporation a home | |
| Zip | Country | 28 | Country | | 95 No |
| 24 | 26 | 29 | 30 | This corporation owes or has paid the Personal Property Tax due June 30. | — · ## · |
| | 9. Name and Address of Current | | 100 | 10. Name and Address of New Regist | |
| | | | 81 Name | | |
| RRAYROY | , CAROLYN | | <u> </u> | | |
| 144 23RD | AVE S | | 62 Street Ado | dress (P.O. Box Number is Not Acceptable) | |
| | SBURG FL 33705 | | 83 | | |
| 0.12121 | | | | | |
| | | | 84 City | | FL 85 Zip Code |
| 7. | | | | | |
| 11. Pursuant to office or reg agent. I am | the provisions of Sections 617.0502 gistered agent, or both, in the State of I familiar with, and accopt the obligation | Pand 617.1508, Florida Statu of Florida Such change was tions of, Section 617.0503, F | utes, the above-named cor authorized by the corpora forida Statutes. | poration submits this statement for the purpation's board of directors. I hereby accept the | ose of changing its registered a appointment as registered |
| SIGNATURE | | | | | |
| SIGNATURE | ignature, typed or printed name of registered again | ON) eldandiga t alti ola n | OTE: Registered Agent signature requ | Jiřed when reinstating) C | DATE |
| SIGNATURE | greature, typed or printed nume of registered agrin OFFICERS AND | nt and Into it applicable (NC D DIRECTORS | OTE: Registered Agent signature requ | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTORS IN 12 |
| SIGNATURE SI | Greture, typed of printed name of registered again OFFICERS AND | ON) eldandiga t alti ola n | DTE: Registered Agent signature required 13. | ADDITIONS/CHANGES TO OFFICERS RESIDENT - FLECT. D. | DATE |
| SIGNATURE SI | Greature, typind or printed name of registered again OFFICERS AND VP SILVER, KAREN | TI and Into It applicable (NC) DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICERS RESIDENT - FLECT. D. | S AND DIRECTORS IN 12 |
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I nereby 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 informatio 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 efficer or director of the corporation or the receiver or trustee ompowered 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 attractiment with an address.

GNATURE: