


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 252371</b> 1. Corporation Name <b>Instantwhip Tampa, INC.</b>					
Principal Place of Business <b>3808 15th Ave.</b> <b>P.O. Box 5088</b> <b>Tampa, FL 33675-2088</b>			Mailing Address <b>P.O. Box 333</b> <b>Columbus, OH 43216</b> <b>USA</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10-20-1961</b>	
22 City & State		27 City & State		3a. Date of Last Report <b>05-01-96</b>	
23 Zip		28 Zip		4. FEI Number <b>59-0937408</b>	
24 Country		29 Country		Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>Tiller, William B.</b> <b>3808 15th Ave.</b> <b>Tampa, FL 33605</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
1.1 TITLE <input type="checkbox"/> DELETE <b>DVP</b> 1.2 NAME <b>Tiller, Donald H. Jr.</b> 1.3 STREET ADDRESS <b>5820 Executive Blvd</b> 1.4 CITY-ST-ZIP <b>Huber Heights, OH</b>					
2.1 TITLE <input type="checkbox"/> DELETE <b>PD</b> 2.2 NAME <b>Tiller, William B.</b> 2.3 STREET ADDRESS <b>3808 15th Ave.</b> 2.4 CITY-ST-ZIP <b>Tampa, FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE <b>T</b> 3.2 NAME <b>Michaelides, Thomas G.</b> 3.3 STREET ADDRESS <b>2200 Cardigan Ave</b> 3.4 CITY-ST-ZIP <b>Columbus, OH</b>					
4.1 TITLE <input type="checkbox"/> DELETE <b>S</b> 4.2 NAME <b>Osborne, Vickie A.</b> 4.3 STREET ADDRESS <b>3808 15th Ave</b> 4.4 CITY-ST-ZIP <b>Tampa, FL</b>					
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200002179332</b> <b>-05/15/97--01010--010</b> <b>***165.00</b> <b>CS</b> <b>5/6/97</b>					
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address					
<b>SIGNATURE: TGM Michaelides, Treasurer 4/28/97 (614)488-2536</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)