

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 481592 (4)
1. Corporation Name
TOTALTAPE, INC.

Principal Place of Business
9417 PRINCESS PALM AVE.
STE 400
TAMPA FL 33619
US

Mailing Address
9417 PRINCESS PALM AVENUE
P.O. BOX 31028
TAMPA FL 33631-3028

3. Date Incorporated or Qualified 08/01/1975		3a. Date of Last Report 04/30/1996	
4. FEI Number 59-1605121		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			

9. Name and Address of Current Registered Agent

BISK, NATHAN M.
9417 PRINCESS PALM AVENUE
SUITE 400
TAMPA FL 33619

10. Name and Address of New Registered Agent

B1	Name
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62	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

65	Zip Code
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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. I am 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 _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BISK, NATHAN M.	
STREET ADDRESS	18502 MILLAN DE AVILA	
CITY - ST - ZIP	TAMPA FL	

NAME	BISK, BARBARA E.	<input type="checkbox"/> DELETE
STREET ADDRESS	18502 MILLAN DE AVILA	
CITY-ST-ZIP	TAMPA FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	TITEN, ANDREW B	
STREET ADDRESS	5006 GARRICK COURT	
CITY-STATE	TAMPA FL 33624	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY STATE ZIP	

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-STATE	

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 type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/57 (813) 621-6200
DATE Daytime Phone #

CR2E034 (9/96)

13. Additions to Officers and Directors in 12

Title: V
Name: Brad M. Segal
Street Address: 4223 Summerdale Drive
City-St-Zip: Tampa, FL 33624

Title: V
Name: Arthur M. Stewart
Street Address: 4008 Boatman Avenue Drive
City-St-Zip: Tampa, FL 33624

Title: V
Name: William Feinberg
Street Address: 9417 Princess Palm Ave # 125
City-St-Zip: Tampa, FL 33619

Title: V
Name: Edward Datz
Street Address: 2408 Prospect Road
City-St-Zip: Tampa, Fl 33629

Title: V
Name: Stephen T. Galloway
Street Address: 4324 Kipling Avenue
City-St-Zip: Tampa, FL 33567

Title: V
Name: Vicki Moses
Street Address: 903 Stratford Manor
City-St-Zip: Brandon, FL 33511

Title: V
Name: Arlene Engelhardt
Street Address: 14240 N. 42nd Street # 1103C
City-St-Zip: Tampa, FL 33613

Title: V
Name: Robert Stobaugh, III
Street Address: 15203 Planation Oak #6
City-St-Zip: Tampa, FL 33647