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Jul 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 703662

(7)

1. Corporation Name

SALES AND MARKETING EXECUTIVES OF TAMPA BAY, INC



Principal Place of Business

Mailing Address

5118 N. 56TH ST  
STE 123  
TAMPA FL 33610-408  
US

5118 N 56TH ST  
STE 123  
TAMPA FL 33610-5481  
US

3. Date Incorporated or Qualified  
01/13/1972

3a. Date of Last Report  
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
59-6153325

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIL, JOHN  
5118 N 56TH ST  
STE 123  
TAMPA FL 33610

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME BRASS, WAYNE  
STREET ADDRESS P.O. BOX 110 MC FLT 10793 N/A  
CITY-ST-ZIP TAMPA FL

1.1 TITLE C.D. ☒ Change ☐ Addition  
1.2 NAME BRASS, Wayne  
1.3 STREET ADDRESS P.O. Box 110 MC FLT 10793 N/A  
1.4 CITY-ST-ZIP Tampa, FL

TITLE CD ☒ DELETE  
NAME MILLER, WILLIAM  
STREET ADDRESS 1515 N. WESTSHORE BLVD  
CITY-ST-ZIP TAMPA FL

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Ryan, Arthur  
2.3 STREET ADDRESS 6420 S Bayshore  
2.4 CITY-ST-ZIP Tampa, FL

TITLE STD ☒ DELETE  
NAME UNDERWOOD, LARRY  
STREET ADDRESS 101 E KENNEDY STE 1150  
CITY-ST-ZIP TAMPA FL

3.1 TITLE STD ☐ Change ☒ Addition  
3.2 NAME McQueen, William  
3.3 STREET ADDRESS 704 Pinewalk  
3.4 CITY-ST-ZIP Brandon, FL

TITLE VD ☒ DELETE  
NAME HOFFER, THOMAS  
STREET ADDRESS 1515 N WESTSHORE  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME RYAN, ARTHUR  
STREET ADDRESS 6420 S BAYSHORE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature]

CR2E037 (9/96)