

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703662 (7)
1. Corporation Name
SALES AND MARKETING EXECUTIVES OF TAMPA BAY, INC



Principal Place of Business 5118 N 58TH ST STE 123 TAMPA FL 33610-408 US	Mailing Address P.O. Box 18044 5118 N 58TH ST STE 123 TAMPA FL 33610-408 US
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2. Principal Place of Business 21 4319 Ghrlich Rd Suite, Apt. #, etc. 22 City & State 23 Tampa FL Zip 24 33624 Country 25 USA	2a. Mailing Address 26 4319 Ghrlich Rd Suite, Apt. #, etc. 27 City & State 28 Tampa FL Zip 29 33624 Country 30 USA
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3. Date Incorporated or Qualified 01/13/1972	4. FEI Number 59-6153325	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent WEIL, JOHN 5118 N 58TH ST STE 123 TAMPA FL 33610	10. Name and Address of New Registered Agent 81 Name Lois Kostroski 82 Street Address (P.O. Box Number is Not Acceptable) 4319 Ghrlich Road 83 84 City Tampa FL 85 Zip Code 33624
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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  DATE 8/7/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD NAME BRASS, WAYNE STREET ADDRESS PO BOX 110 MCFLT 10793 N/A CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME RYAN, ARTHUR STREET ADDRESS 6420 S BAYSHORE CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MCQUEEN, WILLIAM STREET ADDRESS 704 PINEWALK CITY-ST-ZIP BRANDON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRESIDENT NAME CECIL EDGIE JR. STREET ADDRESS 5800 MARINER ST. #217 CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT NAME ERIC HELMAN STREET ADDRESS 3109 W. DR. MARTIN LUTHER KING CITY-ST-ZIP TAMPA FL 33607	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT NAME GENE MARSHALL STREET ADDRESS 4925 INDEPENDENCE PKWY. CITY-ST-ZIP TAMPA FL 33634	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.

CR2E037 (10/97)