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Secretary of State
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NOT FOR PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703662

1. Corporation Name
SALES AND MARKETING EXECUTIVES OF TAMPA BAY, INC

* 5 6 0 2 0 1 *
560201 - 90062 - 18

Principal Place of Business	Mailing Address
4319 EHRLICH RD TAMPA FL 33624 US	4319 EHRLICH RD TAMPA FL 33624 US

2. Principal Place of Business
21 c/o Russell Geuther
Suite, Apt. #, etc.
22 4313 Woodmere Rd
City & State
23 Tampa FL
Zip 24 33609 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. Same
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
01/13/1972

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

9. Name and Address of Current Registered Agent

KOSTROSKI, LOIS
4319 EHRLICH RD
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name GEUTHER-RUSSELL
82 Street Address (P.O. Box Number is Not Acceptable) 4313 Woodmere Rd
83
84 City Tampa FL 85 Zip Code 33609

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 Russell Geuther DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EDGE, JR. C		1.2 NAME		
STREET ADDRESS	5800 MARINER ST #217		1.3 STREET ADDRESS	3225 S MacDill Ave, Suite 129-261	
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-ST-ZIP	Tampa FL 33629	
TITLE	VPPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HELMAN, ERIC		2.2 NAME		
STREET ADDRESS	3109 W DR. MARTIN LUTHER KING		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MARSHALL, GENE		3.2 NAME	GEUTHER, RUSSELL	
STREET ADDRESS	4925 INDEPENDENCE PKWY		3.3 STREET ADDRESS	4313 Woodmere Rd.	
CITY-ST-ZIP	TAMPA FL 33634		3.4 CITY-ST-ZIP	Tampa FL 33609	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED L. M. Kostroski 4/12/99 813 269-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #