


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736149** (6)  
1. Corporation Name  
**TAMPA BAY CENTER MERCHANTS ASSOCIATION, INC.**



Principal Place of Business <b>3302 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607</b>	Mailing Address <b>3302 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607</b>
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3. Date Incorporated or Qualified <b>06/18/1976</b>
4. FEI Number <b>59-1725645</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**HOUCK, SUSAN  
3302 W. DR. MARTIN LUTHER KING BLVD.  
TAMPA FL 33607**

10. Name and Address of New Registered Agent  
81 Name **CHRISTI M. MOORE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3302 W. DR. MARTIN LUTHER KING JR. BLVD**  
83  
84 City **TAMPA** FL 85 Zip Code **33607**

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 *Christi M. Moore* 2/20/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILANO, TERRI	
STREET ADDRESS	3302 W DR MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WANCHUA, NANCY	
STREET ADDRESS	3302 W DR MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	CRERAND, CHARLES	
STREET ADDRESS	3302 W DR MLK JR BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD BASEN	
1.3 STREET ADDRESS	3302 W. DR. MLK JR. BLVD	
1.4 CITY-ST-ZIP	TAMPA FL 33607	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROB PELZEL	
2.3 STREET ADDRESS	3302 W. DR. MLK JR. BLVD.	
2.4 CITY-ST-ZIP	TAMPA FL 33607	
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 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]* 7/23/98 (612) 270-1670

CR2E037 (10/97)