

FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763129** (4)

1. Corporation Name  
**T.B.W.R.A., INC.**

Principal Place of Business <b>4502 24TH AVE. SOUTH TAMPA FL 33619</b>	Mailing Address <b>4502 24TH AVE. SOUTH TAMPA FL 33619-5140</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>05/05/1982</b>	3a. Date of Last Report <b>03/21/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLAZER, MARGARET S. 4502 24TH AVE. SOUTH TAMPA FL 33619</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name		<b>85</b> Zip Code	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City		<b>FL</b>	

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 *Margaret Blazer - Tres*  
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 <b>VP</b>	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>YEAGER, JUANITA</b>		1.2 NAME <b>NA</b>	<b>Bobbie Cox</b>
STREET ADDRESS <b>13103 VERA CT</b>		1.3 STREET ADDRESS <b>NA</b>	<b>P.O. Box 1455</b>
CITY-ST-ZIP <b>RIVERVIEW FL</b>		1.4 CITY-ST-ZIP <b>NA</b>	<b>Gibsonton, FL 33534</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BLAZER, MARGARET</b>		2.2 NAME <b>NA</b>	<b>Vicki Smith</b>
STREET ADDRESS <b>4502 S 24TH AVE</b>		2.3 STREET ADDRESS <b>NA</b>	<b>P.O. Box 243</b>
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP <b>NA</b>	<b>Gibsonton, FL 33534</b>
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>NA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RUTLEDGE, BELINDA</b>		3.2 NAME <b>NA</b>	<b>Netta Westbrook</b>
STREET ADDRESS <b>7226 E EMMA</b>		3.3 STREET ADDRESS <b>NA</b>	<b>P.O. Box 203</b>
CITY-ST-ZIP <b>TAMPA FL</b>		3.4 CITY-ST-ZIP <b>NA</b>	<b>Gibsonton, FL 33534</b>
TITLE <b>S</b>		4.1 TITLE <b>Tres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCGOWAN, JOAN</b>		4.2 NAME <b>Margaret Blazer</b>	
STREET ADDRESS <b>2415 WESTR LAKE DR</b>		4.3 STREET ADDRESS <b>4502 24th Ave. South</b>	
CITY-ST-ZIP <b>WIMAUMA FL</b>		4.4 CITY-ST-ZIP <b>Tampa, FL 33619</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COOPER, NANCY</b>		5.2 NAME <b>Karen Anterson</b>	
STREET ADDRESS <b>11922 BAYTREE DR</b>		5.3 STREET ADDRESS <b>37632 May Lane</b>	
CITY-ST-ZIP <b>RIVERVIEW FL</b>		5.4 CITY-ST-ZIP <b>Zephyrhills, FL 33541</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COOPER, NANCY</b>		6.2 NAME <b>Nancy Cooper</b>	
STREET ADDRESS <b>1221 N VALRICO RD LOT 29</b>		6.3 STREET ADDRESS <b>8504 Symmes Rd. Lot 3</b>	
CITY-ST-ZIP <b>VALRICO FL</b>		6.4 CITY-ST-ZIP <b>Gibsonton, FL 33534</b>	

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: *Margaret Blazer* **SIGNATURE REQUIRED** *May 31, 1997*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048507

CR2E037 (9/96)