FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F26814

(6)

TAMPA BAY OFFICE PRODUCTS CORPORATION

Principal Prace of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·			- I SERVIED LIVE INDIA DILAN IBUSI LUDIK	MINI NINI BINI	EIDII DIDH BIRK	
1870 DREW ST PO BOX 4838 CLEARWATER FL 34618-1838		1870 DREW ST PO BOX 4838 CLEARWATER FL 346184							
						3. Date Incorporated or Qualifie 04/13/1981	Qualified 3a. Date of Last Report 01/26/1996		
2. Principal Place of Business 2a. Mailing Ac			dress			4. FEI Number			plied For
21	26				59-2083093			t Applicable	
Suite, Apt # etc. Suite, Apt. #,			.C.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	City & State	State			A Florier Court Florier			··	
23	•	28				6. Election Campaign Financing Trust Fund Contribution	, L	\$5.00 Added	
Zip	Country	Zip	Cou	intry		B. This corporation has liability			
24	25 29 30		30			Florida Statutes			
	g, Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registered	l Agent	
	lus, nicholas ja			81	Name				
2174 CAMPUS DR				82	Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER, FLA									
3462	24			83					
)				84	City	***************************************		85 Zip	Code
		01.00 1.003 . 1.00 . []		Ш			F		
office or re agent Lar	to the provisions of Sections 607.1 egistered agent, or both, in the St m familiar with, and accept the ob	0002 and 607.1508, Florida Statu late of Florida. Such change was oligations of, Section 607.0505, F	tes, the ai authorize Iorida Stat	bove d by lutes.	i-named corp the corporati	poration submits this statement for the ion's board of directors. I hereby ac	cept the ap	or changing it pointment as	registered registered
SIGNATURE	*******								
	Signalize: typed or printed name of registering	AND DIRECTORS (NO	TE: Registerer	d Ager	nt signature requin	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIDECTOR	OC IN 12
12.	DST	DELETE	1,1](TLF		ADDITIONS/CHANGES TO O	LICEUD VI	Change	Addition
NAME	PAULUS, RUTH A		1.2 N						
STREET ADDRESS	2174 CAMPUS DR				ADDRESS				
CITY - ST - ZIP	CLEARWATER, FL 00000		1.4 CITY-ST-ZIP		r-zip				
TITLE	DV DELETE 21		2 1 TI					Change	Addition
NAME	PAULUS, NICHOLAS JR			22 NAME					
STREET ADDRESS	2174 CAMPUS DR		23 \$7	23 STREET ADDRESS				•	
CITY+ST-ZIP				ITY-S	T-ZIP				
TITLE	DP DELETE			3 1 TITLE				Change	Addition
NAME	PAULUS, NICHOLAS R	1446	32 N						
STREET ADDRESS	2286 CUMBERLAND CR #1	1113			ADDRESS				
CITY-ST-ZiP	CLEARWATER FL	DELFTE		HTY-S	T - ZIP			Change	Addition
TIFLE		FT1 acrt. g	4.1 TI		\			CT Anguing	
NAME STREET ADDRESS			4.2 N		ADDRESS				
CITY - ST - ZIP				INCET :					
TITLE		DELETE	5.1 Th					Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
C(TY+ST-Z)P				ITY - \$1		. *			
TITLE		DELETE	6.1 TI					Change	Addition
NAME			6.2 N	AME		•			
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CHY-ST-ZIP			6.4 C	ITY - \$1	T- 21P				

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 receives or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE:

FILED

Jan 23 1997 8:00am

Secretary of State