

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G68143** (8)  
1. Corporation Name  
**NATIONAL COMMERCE EXCHANGE OF TAMPA BAY, INC.**



Principal Place of Business <b>BARBARA ARCHIBALD</b> <b>14011 68TH ST N</b> <b>LARGO FL 34641</b> <b>US</b>	Mailing Address <b>BARBARA ARCHIBALD</b> <b>14011 68TH ST N</b> <b>LARGO FL 34641</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2106 Drew St</b> Suite, Apt. #, etc. 22 <b>#102</b> City & State 23 <b>Clearwater FL</b> Zip 24 <b>33145</b> Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>11/07/1983</b>	4. FEI Number <b>59-2343093</b> Applied For Not Applicable	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>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ARCHIBALD, BARBARA**  
**14011 68TH ST. N.**  
**LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Barbara Archibald*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-12-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHIBALD, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>331-B LAKESIDE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOSTER CITY CA 94404</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHIBALD, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>14011 68TH ST. N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCHIBALD, TOM</b>	3.2 NAME	
STREET ADDRESS	<b>14011 68TH ST. N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Barbara Archibald*

**1-12-98**

**813-298-8702**

CR2E034 (10/97)