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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G75525** (7)

1. Corporation Name
TBE GROUP, INC.



Principal Place of Business
**18167 US 19 N. STE 550
CLEARWATER FL 34624**

Mailing Address
**18167 US 19 N. STE 550
CLEARWATER FL 34624-6573**

3. Date Incorporated or Qualified 12/19/1983	3a. Date of Last Report 01/30/1996
4. FEI Number 59-2367433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent SAVITZ, EDWARD O ESQ. 220 S. FRANKLIN ST. TAMPA FL 33602	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

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 _____ DATE _____
(Signature, typed 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	PO <input type="checkbox"/> DELETE	1.1 TITLE	EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEYER, PATRICK L.	1.2 NAME	MIDDLETON, VINCENT F.
STREET ADDRESS	18167 US 19 N, STE 550	1.3 STREET ADDRESS	18167 US 19 N. STE 550
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEYER, KATHY A.	2.2 NAME	ZEMBILLAS, NICHOLAS M.
STREET ADDRESS	18167 US 19 N, STE 550	2.3 STREET ADDRESS	18167 U.S. 19 N. STE 550
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	ASST. SECR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT G.	3.2 NAME	BRUCE T. KASCHYK
STREET ADDRESS	426 SHORE DRIVE EAST	3.3 STREET ADDRESS	18167 US 19 N. STE 550
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	ASST. SEC. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, RICHARD T.	4.2 NAME	JAMES G. WILLIAMS
STREET ADDRESS	1957 ARROWHEAD DRIVE, NE	4.3 STREET ADDRESS	102 W. WHITING STREET #400
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ASST. SECR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, JOHN A.	5.2 NAME	PATRICK R. REISER
STREET ADDRESS	18167 US 19 NORTH, # 550	5.3 STREET ADDRESS	102 W. WHITING STREET #400
CITY-ST-ZIP	CLEARWATER FL 34624	5.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, RICHARD, JR.	6.2 NAME	
STREET ADDRESS	102 WEST WHITING STREET, SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/10/97** (1813) 531-3505
(Signature and typed or printed name of signing officer or director)

CR2E034 (9/96)