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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J35195

(3)

C.T.A. ENTERPRISES OF TAMPA BAY, INC.

FILED
Apr 08 1997 8:00am
Secretary of State



	e of Business	Mailing Address				1807 1800 1807 1808 1808 1809 1809 1809 1809 1809 1809 1809 1809 1809 1809 1809
102 PRESERVE	E RD	102 PRESERVE RD				
MURPHY NC 28 US	8906	MURPHY NC 28906 US		Date Incorporated or Qualified	3a. Date of Last Report	
					09/20/1986	03/04/1996
2. Principal P	face of Rusiness	2a. Mailing Address	_		4. FEI Number	Applied For
104A Highway 64W		26 104A Highway 64W		59-2740783	Not Applica	
Suite, Apt	#, etc	Suite Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27 Murphy City & State			6. Election Campaign Financing	\$5.00 May Be
	th Carolina		Caroli	na	Trust Fund Contribution	Added to Fees
Zip	Country	^{Zφ} 28906	County	\$Δ	8. This corporation has liability for in	
4 289	06 25 USA	[29]	30			Yes 🗶 No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent
	IZEL, PAT CPA		*'	Name		
	ZEL, LARA PA CPA		82	Street Add	fress (P.O. Box Number is Not Acceptable	e)
	1 TAMPA RD STE 103 DMSMAR FL 34677		83	 		· · · · · · · · · · · · · · · · · · ·
ULD	MOMAN PL 340//					
			84	City		FL 85 Zip Code
SIGNATURE		ID DIRECTORS	Off Registered Ag	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	
Till Li	DP	DELETE	1.1 7(1) €			Change Addi
NAME:	SHOOKNER, ROBERT C.		1.2 NAME			
SURECLADIORES'S						
	102 PRESERVE RD		1	T ADDRESS		
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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 truetee 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:

June R. Shookney

3/27/97

704 837-8844

Daytime Prione #