


FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J35195
1. Corporation Name:
C.T.A. ENTERPRISES OF TAMPA BAY, INC.

Principal Place of Business
102 PRESERVE RD
MURPHY NC 28906
US

Mailing Address
102 PRESERVE RD
MURPHY NC 28906
US

2. Principal Place of Business
21 104A Highway 64W
22 Murphy
23 North Carolina
24 28906
25 USA

2a. Mailing Address
26 104A Highway 64W
27 Murphy
28 North Carolina
29 28906
30 USA

3. Date Incorporated or Qualified
09/20/1986

3a. Date of Last Report
03/04/1996

4. FEI Number
59-2740783

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
PERZEL, PAT CPA
PERZEL, LARA PA CPA
3711 TAMPA RD STE 103
OLDSMAR FL 34677

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

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

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 CITY-ST-ZIP
1.6 CITY-ST-ZIP
1.7 CITY-ST-ZIP
1.8 CITY-ST-ZIP
1.9 CITY-ST-ZIP
1.10 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
2.5 CITY-ST-ZIP
2.6 CITY-ST-ZIP
2.7 CITY-ST-ZIP
2.8 CITY-ST-ZIP
2.9 CITY-ST-ZIP
2.10 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: June R. Shookner
3/27/97
704 837-8844

CR2E034 (9/96)