

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name

T.B.A. MANUFACTURING SALES, INC.

Principal Place of Business	Mailing Address
8511 FLORIDA MINING BLVD TAMPA FL 33634-1200	8511 FLORIDA MINING BLVD TAMPA FL 33634-1200

3. Date Incorporated or Qualified 11/22/1988		3a. Date of Last Report 09/18/1995	
4. FEI Number 59-2916251		Applied For	Not Applicable
5. Certificate of Status Desired <input 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
22	City & State	27
23	Zip	28
24	Country	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALTERS, JOY 11306 CARROLLWOOD WEST PLACE TAMPA FL 33618		81 Name	CHRIS S. LETO
		82 Street Address (P.O. Box Number is Not Acceptable)	11306 CARROLLWOOD WEST PLACE
		83	
		84 City	TAMPA
		85 State	FL
		86 Zip Code	33618

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

accept the obligations of, Sect
Chris S. Lutz

CHRIS S. LETO

4-16-96

Signature: typed or printed name of test-taker and time if applicable

(NOTE: Registered Agent Signature Required when certifying)

DATA

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1 1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WALTERS, JOY		1 2 NAME	LETO, CHRIS			
STREET ADDRESS	8511 FLORIDA MINING BLVD		1 3 STREET ADDRESS	11306 CARROLLWOOD WEST PLACE			
CITY - ST - ZIP	TAMPA FL		1 4 CITY - ST - ZIP	TAMPA, FL 33618			
TITLE	DP	<input type="checkbox"/> DELETE	2 1 TITLE	D, VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GONZALEZ, VELIA		2 2 NAME	LETO, JOY WALTERS			
STREET ADDRESS	8511 FLORIDA MINING BLVD		2 3 STREET ADDRESS	11306 CARROLLWOOD WEST PLACE			
CITY - ST - ZIP	TAMPA FL		2 4 CITY - ST - ZIP	TAMPA, FL 33618			
TITLE		<input type="checkbox"/> DELETE	3 1 TITLE	D, SEC TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			3 2 NAME	LETO, TIM			
STREET ADDRESS			3 3 STREET ADDRESS	16810 WINDSOR PARK DR.			
CITY - ST - ZIP			3 4 CITY - ST - ZIP	LUTZ, FL. 33549			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Chas. F. Lutz

CHRIS S. LÉTO

4-16-96

813-885-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1a)

De, the Phone

CR2E034 (12/95)