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

PROFIT CORPORATION **ANNUAL REPORT**

1998

TAMPA FL 33618

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

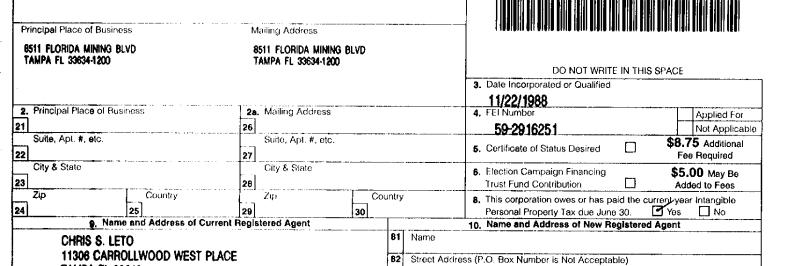
DOCUMENT #

1. Corporation Name K46949

(9)

T.B.A. MANUFACTURING SALES, INC.

FILED May 11 1998 8:00am Secretary of State



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.

83 84

City

SIGNATURE Signature, typed or printed name of regularics agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ĎVΡ TITLE Change Addition 11 TITLE NAME LETO, JOY WALTERS 1.2 NAME 11306 CARROLLWOOD WEST PLACE STREET ADDRESS 13 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ĎΡ Change 21 TITLE Addition NAME LETO, CHRIS 2.2 NAME 11306 CARROLLWOOD WEST PLACE STREET ADDRESS 2.3 STREET ADDRESS **Tam**pa fl CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME LETO. TIM 3.2 NAME 16810 WINDSOR PARK DR. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP LUTZ FL 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP TITLE DELETE 5.1 1/TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST- ZIP DELETE TITLE **6.1 TITLE** Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDIRESS

14. 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 suppliemental 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.

6.4 CITY-ST-ZIP

Zip Code