

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L81138**

(4)

1. Corporation Name

BLACK & DECKER - TAMPA, INC.

Principal Place of Business

**6401 BADGER HIGHWAY
TAMPA FL 33610
US**

Mailing Address

**701 E. JOPPA ROAD
TW 285
TOWSON MD 21286-5559
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3017758	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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

Signature, typed or printed name of registered agent and title if applicable.


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SIMMS, STEVEN E.	1.2 NAME	ROBERTS, James
STREET ADDRESS	701 E. JOPPA ROAD	1.3 STREET ADDRESS	701 E. Joppa Rd
CITY-ST-ZIP	TOWSON MD	1.4 CITY-ST-ZIP	TOWSON, MD 21286
TITLE	DVPS	2.1 TITLE	
NAME	FENTON, CHARLES E.	2.2 NAME	
STREET ADDRESS	701 E. JOPPA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHOEWE, THOMAS M.	3.2 NAME	
STREET ADDRESS	701 E. JOPPA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	LUTKUS, THEODORE A.	4.2 NAME	
STREET ADDRESS	701 E. JOPPA ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	HYLE, KATHLEEN W.	5.2 NAME	
STREET ADDRESS	701 E. JOPPA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	PETTIBONE, LUCY A.	6.2 NAME	
STREET ADDRESS	701 E. JOPPA ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD	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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucy A. Pettibone

4/9/97 (410) 716-3077

Date

Daytime Phone #

CR2E034 (9/96)