


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01809 (5)
1. Corporation Name
TAMPA BAY CHAMBER ORCHESTRA, INC.



Principal Place of Business 111 E. MADISON ST. SUITE 2625 TAMPA FL 33602	Mailing Address 111 E. MADISON ST. SUITE 2625 TAMPA FL 33602-4708
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3. Date Incorporated or Qualified 03/07/1984	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 58-2588388	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HAMILTON, THEODORE JAY
111 E. MADISON ST.
SUITE 2625
TAMPA FL 33602

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
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD BRENT, AJ 4600 W CYPRESS #520 TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TO ICKOVIK, JAN 4927 ST. CROIX TAMPA FL 33629	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD SINGER, GILBERT 705 W. AZEELE TAMPA FL 33601	<input type="checkbox"/> DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 201 EAST KENNEDY BLVD. STE 1200 TAMPA, FL 33602
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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 617, 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
Date: 4/24/97 Daytime Phone #: 813-273-8300

CR2E037 (9/96)