


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 04 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 # N13424 (9)

1. Corporation Name
TARPON SPRINGS MAIN STREET ASSOCIATION, INC.



Principal Place of Business 124 E. TARPON AVENUE TARPON SPRINGS FL 34689 US	Mailing Address 124 E. TARPON AVENUE TARPON SPRINGS FL 34689 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6000427	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 157
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TARPON SPRINGS FLORIDA
Zip 24	Country 25
Country 29 U.S.A.	Zip 30 34688

9. Name and Address of Current Registered Agent

KUNDRA, KAREN
124 E. TARPON AVENUE
TARPON SPRINGS FL 34689

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KUNDRA, KAREN	
STREET ADDRESS	124 E TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REID, BRENDA	
STREET ADDRESS	3 E. TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LONGWELL-HOFFMAN, DONNA	
STREET ADDRESS	118 E. TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KRESL, LAURA	
STREET ADDRESS	150 E. TARPON AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DS REID, BRENDA
2.3 STREET ADDRESS	30. TARPON AVE
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DV GANT, AMMON
3.3 STREET ADDRESS	3E TARPON AVE
3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DT LOIS UNBEHAGEN
4.3 STREET ADDRESS	45 W TARPON AVE
4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 REQUIRED _____

CP2E037 (4/97)