

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 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24397 (4)

1. Corporation Name
EXCHANGE CLUB OF TAMPA, INC.



Principal Place of Business P.O. BOX 10206 TAMPA FL 33679-0206	Mailing Address P.O. BOX 10206 TAMPA FL 33679-0206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/19/1988		3a. Date of Last Report 03/06/1996	
4. FEI Number 59-6194131		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWELL, GEORGE B. III
4315 SYLVAN RAMBLE
TAMPA FL 33609

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	M COOK, WARD 5025 HOMER AVE TAMPA FL 33629	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	JD HAMMER, JOHN J 4010 BOY SCOUT ROAD, SUITE 150 TAMPA FL	2.1 TITLE	PD
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	JD HATTON, PAIGE 4830 WEST KENNEDY BLVD, SUITE 200 TAMPA FL	3.1 TITLE	SD
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD RYDBERG, MARSHA 500 EAST KENNEDY BLVD, SUITE 200 TAMPA FL	4.1 TITLE	VD
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD GROWDER, SHEFFIELD 2010 SAN ISIDRO TAMPA FL	5.1 TITLE	TD
NAME		5.2 NAME	GUAGLIARDO, NELSON
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 10206
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33679
TITLE		6.1 TITLE	
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 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 recorder or justice 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 a address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)