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Apr 09 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 # N29827 (5)

1. Corporation Name
TAMPA BAY CHAPTER-NATIONAL SPA & POOL INSTITUTE INC.



Principal Place of Business PO BOX 15062 TAMPA FL 33684-5026	Mailing Address PO BOX 15062 TAMPA FL 33684-5062
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/21/1988	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6933797	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 Zip	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COX, ELEANOR
2347 FERN PLACE
TAMPA FL 33604

10. Name and Address of New Registered Agent

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 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	SD <input type="checkbox"/> DELETE
NAME	VAN TILBURG, GARY
STREET ADDRESS	1378 CORNER OAKS DR.
CITY-ST-ZIP	BRANDON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MANNING, JAMES
STREET ADDRESS	3450 PALENCIA, 711
CITY-ST-ZIP	TAMPA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SANDRA CAHN
STREET ADDRESS	14604 ANCHORET RD.
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZVIRBLIS, ANN
STREET ADDRESS	305 DUQUE ROAD
CITY-ST-ZIP	LUTZ FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	KEVIN SLANE, C/O HUGHES SUP
STREET ADDRESS	8702 E BROADWAY
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD Joyce Zeigler
5.3 STREET ADDRESS	411 Alma Dr.
5.4 CITY-ST-ZIP	Brandon, FL 33510
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 _____ (800) _____

CR2E037 (9/96)