

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 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46225 (1)
 1. Corporation Name
TAMPA SISTER CITIES COMMITTEE, INC.



Principal Place of Business Mailing Address
 P O BOX 20223 TAMPA FL 33622-0223 US
 P O BOX 20223 TAMPA FL 33622-0223 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 11/26/1991
 3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address
 21 P.O. Box 17753 28 P.O. Box 17753
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-3115512 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 27 City & State
 23 Tampa, FL 28 Tampa, FL
 Zip Country 29 33682-7753 Hills 30 Hills

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 PEREZ, GENE F
 15901 BENTON CT
 TAMPA FL 33647

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DIMAIO, MERCEDES B
STREET ADDRESS	1912 AILEEN ST
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HIPSON, KATHLEEN M
STREET ADDRESS	6513 N. 15TH STREET
CITY-ST-ZIP	TAMPA 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Jose Vivero
1.3 STREET ADDRESS	12233 N. Florida Ave.
1.4 CITY-ST-ZIP	Tampa, FL 33612
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Donna Parrino
2.3 STREET ADDRESS	13532 Lake Magdalene Dr.
2.4 CITY-ST-ZIP	Tampa, FL 33613
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Gene Perez
3.3 STREET ADDRESS	15901 Benton Ct.
3.4 CITY-ST-ZIP	Tampa, FL 33647
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 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, 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 on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED Vivero Tampa 7/17/97 813-933-2255

CFR2037 (4/97)