SECOND N	OTICE: CORPORATION WILL BE DR BEFORE 8/7/96: \$61.25 (IF DISSO	DISSOLVED ON OR DIVED, MINIMUM AMO	AFTER AU UNT DUE TO	GUST 7, D REINSTA	1996. (E: \$236.25.)	-	
NON CORP	NPROFIT PORATION AL REPORT	FLORIDA	DEPARTM Sandra B. M Secretary o	ENT OF S' Iortham			
1996 DIVISION OF CORPORATIONS							
DOCUM 1. Corporation	MENT # N930	00000497	7 (8)				
TAMPA	A BAY VIPS, INC.					I LEGICIA: BIG LOIGE FHIT STATE BANK	Bank Sáist Báill Báilt Sibil Itáil 1881 1881
Principal Place of Business Mailing Address						MAINT MAINT MANIL BIRTH IBIN 1881 1881	
1701 MARITIME TAMPA FL 336		1701 MARITIME BLVD. Tampa FL 33605					De Date of Last Paged
						3. Date Incorporated or Qualified 02/05/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-3182976	Applied For Not Applicable
Suite Ant #	Letc	Suite, Apt. #, etc.					\$8.75 Additional
Suite, Apt. #	, ato.	27				Certificate of Status Desired	Fee Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country				Country	······································	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29	3	<u>ol</u>		Florida Statutes  10. Name and Address of New Re	Yes No
	9. Name and Address of Curre	III Negisteleu Agent		81	Name		
TIMMEL, JOHN C				<b>82</b> Str		ress (P.O. Box Number is Not Acceptab	le)
	AWTHORNE RD. , FL 33611		83				
Irmir	TE SOOT			84	City		85 Zip Code
				1	1 '	havita this statement for the m	
11. Pursuant t office or re agent. I ar	o the provisions of Sections 617.05 egistered agent, or both, in the Statum familiar with, and accept the oblig	02 and 617.1508, Florid e of Florida. Such chan gations of, Section 617.	da Statutes, ge was auth 0503, Floric	, the above horized by da Statutes	e-named corp the corporati s.	oration submits this statement for the pion's board of directors. I hereby accept	the appointment as registered
CICNATURE	Signature, typed or printed name of registered as					ired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	EL ETC	13.	- 1	ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE	PD TIMMEL, JOHN C	u	ELETE	1.1 TITLE 1.2 NAME			3
NAME STREET ADDRESS	3013 HAWTHORNE RD.				T ADDRESS		ָ ֖֖֖֖֖֖֖֖֖֖֖֖֖֖֓֞
CITY-ST-ZIP	TAMPA FL			1.4 CITY -	ST-ZIP		Change Addition
TITLE	VSD SAVAGE, ARTHUR R	Ĺ <sup>[</sup>	DELETE	21 TITLE 2.2 NAME			Change C Macron -
NAME STREET ADDRESS	4704 MADITIME DIVID				T ADDRESS		
CITY-ST-ZIP	TAMPA FL			2.4 CITY - ST - ZIP Change Addi		Change Addition	
TITLE	TSD GRACE, RICHARD M		DELETE	3.1 TITLE			C Dudings [ ] Notates
NAME STREET ADDRESS	1701 MARITIME BLVD.				ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		NULTE .	3.4. CITY			Change Addition
TITLE		ĹĴ	DELETE	4.1 TITLE 4. 2 NAM			C. Susuas
NAME STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP	******			4.4 CiTY-			Change Addition
TITLE		U	DELETE	5.1 TITLE 5.2 NAME			Figure 30
NAME STREET ADDRESS					ET ADDRESS		
CiTY-ST-ZIP			DE, EYE	5.4 CITY - ST - ZIP			Change Addition
TITLE		اللا	DELETE	6 1 TITLE 6.2 NAME			Change T vacages
NAME STREET ADORESS					ET ADDRESS		
			<del> </del>	6.4 CITY	-SI-ZIP	all far the exemption stated in Costian	119 07/3Vk) Florida Statutas 1
44 1 1 1 1 1 1 1 1	by certify that the information supportify that the information indicated deroath; that I am an officer or dire	lied with this filing is vo on this annual report or actor of the corporation (3.4) chapped or 20 an	luntarily furr r supplemer or the recei attachment	nished and ntal annual iver or trus t with an æ	t does not qual report is true tee empower ddress.	alify for the exemption stated in Section o and accurate and that my signature sh ed to execute this report as required by	all have the same legal effect as if Chapter 617, Florida Statutes; and
SIGNA	TURE:		li (il		charc	o and accurate and that my signature shed to execute this report as required by  M. Grace 6/19/9/6 8	13-242-8477
CIGITA	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGN	ING OFFICER C	OR DIRECTOR		Date	Daytime Phone #