

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003715 (9)

1. Corporation Name

TOWN & COUNTRY ALLIANCE, INC.



Principal Place of Business	Mailing Address
7512 PAULA DR 105 TAMPA FL 33615 US	PO BOX 261106 SUITE 111 TAMPA FL 33685-1106 US

3. Date Incorporated or Qualified	07/26/1994
4. FEI Number	59-3267277
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
RILEY, STEVEN P 3333 W HENDERSON BLVD SUITE 150 SUITE 111 TAMPA FL 33609	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGARTY, MARK	1.2 NAME	
STREET ADDRESS	7202 BRANCHWOOD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, CARLTON	2.2 NAME	MIKE FREDERICK
STREET ADDRESS	9510 LETTERSTONE CT.	2.3 STREET ADDRESS	7502 ARMAND CIRCLE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, CATHY	3.2 NAME	
STREET ADDRESS	8775 HUNTFIELD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSCSO, MARTIN E.	4.2 NAME	MARTIN E. KOSCSO
STREET ADDRESS	8213 CRENSAW CR	4.3 STREET ADDRESS	8213 CRENSAW CR
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOYCE SMITH
STREET ADDRESS		5.3 STREET ADDRESS	7201 DAIQUIRI LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	FD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL Gonzalez	6.2 NAME	JILL GONZALEZ
STREET ADDRESS		6.3 STREET ADDRESS	9003 HICKORY CIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33615

1.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
2.2 NAME	MIKE FREDERICK
2.3 STREET ADDRESS	7502 ARMAND CIRCLE
2.4 CITY-ST-ZIP	TAMPA, FL 33634
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN E. KOSCSO
4.3 STREET ADDRESS	8213 CRENSAW CR
4.4 CITY-ST-ZIP	TAMPA, FL 33615
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOYCE SMITH
5.3 STREET ADDRESS	7201 DAIQUIRI LANE
5.4 CITY-ST-ZIP	TAMPA, FL 33634
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JILL GONZALEZ
6.3 STREET ADDRESS	9003 HICKORY CIRCLE
6.4 CITY-ST-ZIP	TAMPA, FL 33615

14. I 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: *Joyce Smith* (JOYCE SMITH, Sec. 3/10/98 885-4444)

CR2E037 (10/97)