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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500000131 (1)

TAMPA BAY VETTES INC.



								* ***** 1581 1881
C/O MIKE SP	e of Business	Mailing Add						
2304 TORTUG			SPECTOR TUGA WAY					
VALRICO FL		VALRICO I						
						3. Date Incorporated or Qualified 01/10/1995	3a. Date of Last	Report
2. Principal Pla	lace Business	2a. Mailing	Address	1:ham	<u> </u>	4. FEI Number		Applied For
21 4	MIKE SPECTO	26 /8	YO'/1	4/N7 K	CEE CT	59204/41	7	Not Applicabl
Suite/Apt.	#, etc.	· ·	pt. #, etc.			5. Certificate of Status Desired	\$8.78	Additional
22		27				Dr. Dokumbaro dr. D	Fee Fee	Required
City & State	e 	28	n PA	FL		Election Campaign Financing     Trust Fund Contribution	,	O May Be d to Fees
Zip	Country	- <sup>Z</sup>	2117	Coun		8. This corporation has liability for i	ntangible tax under s.	199.032,
24	[25]	ر ( <sub>29</sub>	677	30	u.s.		Yes No	
	9. Name and Address of Currer	nt Registered Ag	gent		at	10. Name and Address of New R	egistered Agent	
COPPORTO	D MANYE			['	Name M	IKE SPECTOR		
SPECTO!				h	2 Street Age	loss (P.O. Box Mintber is Not Acceptab	le)	
	RTUGA WAY			L	18	407 HINTREE	COURT	
VALRICO	FC 33594				13	• • • • • •		
	•			l,	14 City		85 Z	e-Code
					1141	NPA	FL 🖺 📑	3647
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, F	Florida Statute	es, the abov	named corpo	pration submits this statement for the purp and of directors. Thereby accept the appo	pose of changing its r	egistered offic
• Or register		ga. ouch change	was auuluggi	BU DY THE CL	rporation's boa	ard or directors. Thereby accept the appo	omiment as registered	agent. i am
' familiar wit	th, and accept the obligations or, Sect	<b>50</b> 0503, FM	orida Statutes				- co -	
tanniar wi	ith, and accept the obligations of, Sec	6 170503, FV	orida Statutes				3-13.	162 .
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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:

BIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayting Profe #