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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000131 (1)

1. Corporation Name

TAMPA BAY VETTES INC.

Principal Place of Business

Mailing Address

C/O MIKE SPECTOR
18407 AINTREE COURT
TAMPA FL 33647C/O MIKE SPECTOR
18407 AINTREE COURT
TAMPA FL 33647-2465

2. Principal Place of Business

2a. Mailing Address

21 C/O FRANCIS BRUNO

26 C/O FRANCIS BRUNO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5304 SOUTH LIPSCOMB STREET

27 POST OFFICE BOX 130882

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Country

Zip

Country

24 33611

25 USA

29 33681-0982

30 USA

3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

04/18/1996

4. FEI Number

59-2041417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECTOR, MIKE
18407 AINTREE COURT
TAMPA FL 33647

81 Name FRANCIS BRUNO

82 Street Address (P.O. Box Number is Not Acceptable)

5304 SOUTH LIPSCOMB STREET

83

84 City TAMPA

FL

85 Zip Code
33611

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

FRANCIS BRUNO

JANUARY 29, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SPECTOR, MIKE
STREET ADDRESS 18407 AINTREE CT.
CITY-ST-ZIP TAMPA FL 33647 ☒ DELETE1.1 TITLE P/O
1.2 NAME FRANCIS BRUNO ☐ Change ☒ Addition
1.3 STREET ADDRESS 5304 SOUTH LIPSCOMB STREET
1.4 CITY-ST-ZIP TAMPA, FL 33611TITLE VPD
NAME HOLMES, JOHN
STREET ADDRESS 2211 CHEROKEE TRAIL
CITY-ST-ZIP VALRICO FL 33594 ☒ DELETE2.1 TITLE V/O
2.2 NAME HARRY DARLING
2.3 STREET ADDRESS 735 CAMROSE DRIVE
2.4 CITY-ST-ZIP BRANDON, FL 33510 ☐ Change ☒ AdditionTITLE JOHN
NAME JOHNSTON, FLOYD
STREET ADDRESS 510 MAHOGANY DR.
CITY-ST-ZIP SEFFNER FL 33584 ☒ DELETE3.1 TITLE T/O
3.2 NAME DAVID GORGEI
3.3 STREET ADDRESS 2001 SOUTH HARBOR ISLE BLVD, BLDG. C1
3.4 CITY-ST-ZIP TAMPA, FL 33602 ☐ Change ☒ AdditionTITLE S
NAME HOLMES, SUSAN
STREET ADDRESS 2211 CHEROKEE TRAIL
CITY-ST-ZIP VALRICO FL 33594 ☒ DELETE4.1 TITLE S/O
4.2 NAME JOANN CRAWFORD
4.3 STREET ADDRESS 615 LITHIA ROAD
4.4 CITY-ST-ZIP BRANDON, FL 33511 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

FRANCIS BRUNO

JANUARY 29, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049064

CP2E037 (9/96)