## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000131 (1)

TAMPA BAY VETTES INC.

## FILED Mar 23 1998 8:00am Secretary of State

MARCH 12, 1998

(813) 839-0793

Principal Place	of Business	Mailing Address	Mailing Address		3 I DERLUTO DELO COLON DELLA DOCCI DOCCI DOCCI DOCCI DOCCI CIONO COLON C		
C/O BRUNO. FRANCIS 5304 SOUTH LIPSCOMB STREET TAMPA FL 33611 US		C/O BRUNO. FRANCIS P.O BOX 130882 TAMPA FL 33681-0882 US			3. Date Incorporated or Qualified 01/10/1995 4. FEI Number Applied For		
2 Principal Pl	and of Rusiness	2a. Mailing Address			59-2041417 Not Applicat		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State		26 Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired See Required Fee Required		
					6. Election Campaign Financing \$5.00 May Be		
					Trust Fund Contribution Added to Fees		
23	•	28			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible		
24	25		30]		Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Hegistered Agent	8	1 Name			
BRUNO, FRANCIS				D Chart	at Address (D.O. Day Number is Not Acceptable)		
5304 SO		8	Street	et Address (P.O. Box Number is Not Acceptable)			
TAMPA F			8	3			
			8	4 City	85 Zip Code		
44 6	40 5 0/200	00 047 4500 Ft - 54- O 14			FL The state of th		
11. Pursuant to office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617.1508, Florida Statute e of Florida. Such change was a	es, the abo luthorized l	ve-named by the co	ed corporation submits this statement for the purpose of changing its registers or poration's board of directors. I hereby accept the appointment as registered		
agent. La	m familiar with, and accept the oblig	gations of Section 617.0503, Flo FRかること BRしんく	orida Statut	88.	MADUU IS ISST		
SIGNATURE .	Signature, typed or originated name of inglistered ag			gent signatur	MARCH 12, 1995  ture required when feinstating)  DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addit		
NAME	BRUNO, FRANCIS		1.2 NAM	E	·		
STREET ADDRESS	5304 SOUTH LIPSCOMB STI	REET	1.3 STRE	et address	is		
CITY-ST-ZIP	TAMPA FL	Print	1.4 CITY		Change M Addit		
TITLE	VD DADI NIC HADDY	DELETE	2.1 TITLE		JOHN HOLMES		
NAME STREET ADDRESS	DARLING, HARRY 735 CAMROSE DRIVE		2.2 NAM	e et address	and the second of TRAL		
CITY-ST-ZIP	BRANDON FL			-ST-ZIP	VALRICO FL 33594		
TITLE	TD	DELETE	3.1 TITLE		T/D Change Addit		
NAME	GORGEI, DAVID	<b>~</b> -	3.2 NAM	E	FLOYD JOHNSTON		
STREET ADDRESS	2001 SOUTH HARBOUR ISL	E BLVD., BLDG C1	3.3 STRE	et address	S SID MAHOGANY DRIVE		
CITY-ST-ZIP	TAMPA FL		3.4. CITY	-ST-ZIP	SEFFNER FL 33584		
TITLE	SD	DELETE	4.1 TITLE		S/D Change 🔀 Addit		
NAME	CRAWFORD, JOANN		4. 2 NAM	-	ANNE CHEVILLOT		
STREET ADDRESS	615 LITHIA ROAD			et address			
CITY-ST-ZIP	BRANDON FL	DELETE	4.4 CITY		APOLLO BEACH, FL 33572 Change Addit		
TITLE		TT OFFICE	5.1 TITLE 5.2 NAM		C. Chango C. Passi		
NAME STREET ADDRESS				e Et address	ee e		
CITY-ST-ZIP			5.4 CITY		~		
TITLE		DELETE	6.1 TITLE		Change Addit		
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	et address	is		
CITY-ST-ZIP			6.4 CITY				
officer or	certify that the information supplied on this annual report or supplemen director of the corporation or the recor Block 13 if changed, or on an answer	ceiver or trustee empowered to r	or the exeme surate and t execute thi	iption sta that my si s report a	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati- signature shall have the same legal effect as if made under cath; that I am an as required by Chapter 617, Florida Statutes; and that my name appears in		