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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001416 (4)**

1. Corporation Name

TAMPA BAY TRADE POINT, INC.



Principal Place of Business	Mailing Address
% TAMPA BAY INTERNATIONAL BUSINESS COUNCIL 401 EAST JACKSON ST. SUITE 2100 TAMPA FL 33602	% TAMPA BAY INTERNATIONAL BUSINESS COUNCIL 401 EAST JACKSON ST. SUITE 2100 TAMPA FL 33602-5232

3. Date Incorporated or Qualified 03/14/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 100 N. TAMPA STREET Suite, Apt. #, etc. 22 SUITE 2120 City & State 23 TAMPA, FLORIDA Zip 24 33602	26 100 N. TAMPA ST. Suite, Apt. #, etc. 27 Suite 2120 City & State 28 Tampa, FLORIDA Zip 29 33602

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHRADER, ROBERT G
100 NORTH TAMPA ST.
SUITE 2120
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	J. MEREDITH WESTER
82 Street Address (P.O. Box Number is Not Acceptable)	100 NORTH TAMPA STREET
83	SUITE 2120
84 City	TAMPA
85 Zip Code	FL 33602

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 *J. Meredith Wester* **3/17/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WESTER, J M	
STREET ADDRESS	100 N. TAMPA ST. SUITE 2120	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, DEBERA	
STREET ADDRESS	2701 W. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEWKSBURY, RUSSELL	
STREET ADDRESS	2401 MORRISON AVE. WEST #223	
CITY-ST-ZIP	TAMPA FL 33629-4757	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, TERRY R	
STREET ADDRESS	2701 W. BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President → "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Debera Edwards
1.3 STREET ADDRESS	4601 Hidden Shadow Drive
1.4 CITY-ST-ZIP	Tampa, Florida 33614
2.1 TITLE	Vice President → "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jay Ayres
2.3 STREET ADDRESS	2508 Buckhorn Trace Court
2.4 CITY-ST-ZIP	Valrico, Florida 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Treasurer → "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J. Meredith Wester
3.3 STREET ADDRESS	100 N. Tampa Street, Suite 2120
3.4 CITY-ST-ZIP	Tampa, Florida 33602
4.1 TITLE	Secretary → "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pat Dugan
4.3 STREET ADDRESS	453 Edgewater Drive
4.4 CITY-ST-ZIP	Dunedin, Florida 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)