

FILE NOW: FILING FEE IS \$61.25

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Feb 06 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 # **N96000005382 (4)**

1. Corporation Name

TAMPA BAY HEPATITIS AND LIVER SUPPORT GROUP, INC



Principal Place of Business 220 90TH AVENUE NORTH EAST ST. PETERSBURG FL 33702-3248		Mailing Address 220 90TH AVENUE NORTH EAST ST. PETERSBURG FL 33702-3248		3. Date Incorporated or Qualified 10/21/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3430615 APPLIED FOR	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ZACUR, RICHARD A 5200 CENTRAL AVE. ST. PETERSBURG FL 33707		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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUIO, DONALD L	1.2 NAME	
STREET ADDRESS	220 90TH AVENUE NORTH EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-3248	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, CHARLES D	2.2 NAME	
STREET ADDRESS	1399 S. BELCHER RD. #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, GENIE	3.2 NAME	
STREET ADDRESS	2806 CANTERBURY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, ROBERT ROY	4.2 NAME	LEE J. Crooks
STREET ADDRESS	6964 OLDGATE CIRCLE	4.3 STREET ADDRESS	9273 Rustic Pines Blvd.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	4.4 CITY-ST-ZIP	Seminole - FLORIDA 34646
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	M ANDREA DALE VAUIO
STREET ADDRESS		5.3 STREET ADDRESS	220-90th AVENUE NORTH EAST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. PETERSBURG - FLORIDA 33702-3248
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **1-28-98** **813-577-0836**

CR2E037 (10/97)