

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 22 1998 8:00am  
Secretary of State

DOCUMENT # N96000005408 (7)

1. Corporation Name

TAMPA CADET CORPORATION



Principal Place of Business

Mailing Address

314-E FLORIBASKA AVE  
TAMPA FL 33603

314-E FLORIBASKA AVE  
TAMPA FL 33603

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3402803

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of

McFARLAND, MICHAEL  
8209 11TH STREET N.  
APT A  
TAMPA FL 33604

81 Name

McFARLAND, Michael

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

1806-143rd Ave #2

83

84 City

Tampa Fla

FL

85 Zip Code

33613

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

Michael McFarland

Michael McFarland 7-9-98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME              | STREET ADDRESS         | CITY-ST-ZIP    | DELETE                              |
|-------|-------------------|------------------------|----------------|-------------------------------------|
| D     | McFARLAND, MIKE   | 314-E FLORIBASKA AVE   | TAMPA FL 33603 | <input type="checkbox"/>            |
| AD    | FORDOM, INEZ      | 1703 E. LAKA AVE       | TAMPA FL 33610 | <input type="checkbox"/>            |
| T     | PITTMAN, MARCY    | 314-E FLORIBASKA AVE   | TAMPA FL 33603 | <input type="checkbox"/>            |
| D     | FRAZIER, TINA     | 1001 N. JASMINE, APT B | TAMPA FL 33612 | <input checked="" type="checkbox"/> |
| PA    | EVERITT, ANDREA   | 7147 E. BANKS          | TAMPA FL 33617 | <input checked="" type="checkbox"/> |
| C     | MODOWELL, YOLANDA | 6934 TROUT STREET      | TAMPA FL 33617 | <input checked="" type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                              | Addition                            |
|-----------|----------|--------------------|-----------------|-------------------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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:

Mary Pittman (MARY PITTMAN) 7-9-98

Date

Daytime Phone #

CR2E037 (5/98)