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Apr 13 1998 8:00am  
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000149 (1)</b> 1. Corporation Name <b>NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS - TAMPA BAY, INC.</b>			
Principal Place of Business <b>C/O OLDE BUT GOODE, INC. 106 W CONNIE AVE TAMPA FL 33613</b>		Mailing Address <b>3837 N DALE BLVD #106 TAMPA FL 33624</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>KLEIN, MAURA C/O LEADER FINANCIAL CORPORATION 13302 WINDING OAK CT, SUITE A TAMPA FL 33612</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ 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 SANSTEAD, KATIE C/O OLDE BUT GOODE, INC.-106 W CONNIE AVE TAMPA FL 33618	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD VARRIALE, COZETTE 11266 W HILLSBOROUGH AVE #290 TAMPA FL 33635	2.1 TITLE	VD Roper, Diane PO BOX 16007 (N/A) CLEARWATER, FL 34629
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KLEIN, MAURA 13302 WINDING OAK CT, SUITE A TAMPA FL 33618	3.1 TITLE	SD MCKEON, JEWEL 217 Bailey St SAFETY HARBOR, FL 34695
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BEIL, FREDA J 13302 WINDING OAK CT, SUITE A TAMPA FL 33618	4.1 TITLE	TD THIBODEAU, DARLENE 603 ONTARIO AVE TAMPA, FL 33606
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



CR2E037 (10/97)

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]* **DARLENE THIBODEAU** 3/9/98 (113)251-8039