

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000740

1. Corporation Name

TAXPAYERS AGAINST THE BILLION \$ TRAIN, INC.

Principal Place of Business

6107 S. ELKINS AVE.
TAMPA FL 33611

Mailing Address

6107 S. ELKINS AVE.
TAMPA FL 33611

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3225 S. MacDill Ave	26 3225 S. MacDill Ave	02/09/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEL Number
#129-188	#129-188	52-0085006
23 City & State	28 City & State	5. Certificate of Status Desired
Tampa FL	Tampa FL	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing
33629-817	33629-8171	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	
Hillborough	Hillborough	

9. Name and Address of Current Registered Agent

BROWN, KERRY H
701 AZEELE STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name	Kerry H Brown, Esq.
82 Street Address (P.O. Box Number Is Not Acceptable)	307 S. Fielding
83	
84 City	Tampa FL
85 Zip Code	33606

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 re-registering)

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	SERIGHT, LES	1.2 NAME	
STREET ADDRESS	350 LAKEWOOD DR. #250	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, LUNELLE	2.2 NAME	
STREET ADDRESS	6107 S. ELKINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLIN, LARRY	3.2 NAME	
STREET ADDRESS	132 LINDSAY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/98

813-531-3849

Daytime Phone #

CR2E037 (11/98)