

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000016149 (5)**  
 1. Corporation Name  
**TOMMY TAPE MANUFACTURING, INC.**



Principal Place of Business 1420 CYPRESS DRIVE 4 JUPITER FL 33469 US	Mailing Address P.O. BOX 1856 JUPITER FL 33469
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 114 Venus St. Suite, Apt. #, etc. Unit # 1 City & State Jupiter, FL Zip 33458 Country U.S.A.	2a. Mailing Address 26 P.O. Box 555 Suite, Apt. #, etc. City & State PALM CITY, FL Zip 34991 Country U.S.A.
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3. Date Incorporated or Qualified 03/03/1993	4. FEI Number 65-0390443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent  
**SMOOT, CHRISTOPHER**  
**45 POPLAR RD.**  
**TEQUESTA FL 33469**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2521 SW RACQUET CLUB DR.**  
 83  
 84 City **PALM CITY** FL 85 Zip Code **34990**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SMOOT, CHRISTOPHER S
STREET ADDRESS	<del>45 POPLAR ROAD</del> →
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	SVP <input type="checkbox"/> DELETE
NAME	SMOOT, SARAH M
STREET ADDRESS	<del>45 POPLAR ROAD</del> →
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2521 SW RACQUET CLUB DRIVE
1.3 STREET ADDRESS	PALM CITY FL 34990
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2521 SW RACQUET CLUB DRIVE
2.3 STREET ADDRESS	PALM CITY FL 34990
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ President (561) 223-1991

CR2E034 (10/97)