

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 30 PM 1:20

DOCUMENT # *P94000039094*
1. Corporation Name
Tampa Bay Sales + Marketing, INC.

Principal Place of Business	Mailing Address
9225 Ulmerton Rd. Suite U. Largo, FLA. 33771	9225 Ulmerton Rd. Suite U. Largo, FLA. 33771

3. Date Incorporated or Qualified 5/24/94		3a. Date of Last Report 1994	
4. FEI Number 59-3246173		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Robert Elder
8175 Coachlight Cir.
SEMINOLE, FLA. 33776

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

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 John F. Lee, Jr.

(NOTE: Registered Agent signature required when reinstating)

7-15-91
DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Pres.	<input type="checkbox"/> DELETE
NAME	MAKESHA N CURRAN / Elder	
STREET ADDRESS	8175 COACHLIGHT CIR.	
CITY-ST-ZIP	SEMINOLE, FLA. 33776	

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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	500002256095--2
2 3 STREET ADDRESS	-08/04/97--01044--015
2 4 CITY - ST - ZIP	*****330.00 *****165.00
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	OK 811		
4 3 STREET ADDRESS			
4 4 CITY - ST - ZIP			
5 1 TITLE			

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST. - ZIP

6.1 TITLE

FFB 165.00

☐ Change ☐ Addition

62 NAME _____

63 STREET ADDRESS _____

64 CITY - ST - ZIP _____

14. I do 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 stated 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 is listed in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Makshu N. Cra Ee

7/15/97 (813) 585-⁷⁵²¹~~2938~~

CR2E034 (9/96)