

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000062931 (8)**

1. Corporation Name
MARKETING OF T. B., INC.

Principal Place of Business 777 SO. HARBOUR ISLAND BLVD. STE. 950 TAMPA FL 33602	Mailing Address 777 SO. HARBOUR ISLAND BLVD. STE. 950 TAMPA FL 33602-5747
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2. Principal Place of Business 21 100 E. MADISON ST Suite, Apt. #, etc. 22 300 City & State 23 TAMPA FL Zip 24 33602		2a. Mailing Address 26 100 E. MADISON ST Suite, Apt. #, etc. 27 300 City & State 28 TAMPA FL Zip 29 33602		3. Date Incorporated or Qualified 08/25/1994		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-3263006		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ANDERSON, WALLACE B JR ONE HARBOUR PLACE 5TH FLOOR TAMPA FL 33602				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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

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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHENOWETH, RON			1.2 NAME			
STREET ADDRESS	777 SO. HARBOUR ISLAND BLVD. STE. 950			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAULKNER, GABRIELE			2.2 NAME			
STREET ADDRESS	777 SO. HARBOUR ISLAND BLVD. STE. 950			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, KEN			3.2 NAME			
STREET ADDRESS	777 SO. HARBOUR ISLAND BLVD. STE. 950			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97
Date

813-224-0001
Daytime Phone #

CR2E034 (9/96)