FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 31 AM 10:26

DOCUMENT #P96000018502

1. Corporation Name
Pusser's Tampa Inc.

Principal Place of Business
Inactive.

Mailing Address
P.O. Box 626, Road Town
Tortola.
British Virgin Is.

3. Date Incorporated or Qualified: March 7, 1995
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite Apt #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite Apt #, etc (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

The Prentice hall Corporation System, Inc.
1201 Hays St. 105
Tallahassee, Florida, 32301 US

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of application (Fla. Registered Agent's signature required if filed separately)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OF FILE	
				Change / Addition
TITLE	President	[ ] DELETE	1.1 TITLE	
NAME	Charles S Tobias		1.2 NAME	
STREET ADDRESS	P.O. Box 626 Road Town, Tortola.		1.3 STREET ADDRESS	
CITY-ST-ZIP	British Virgin Islands		1.4 CITY-ST-ZIP	
				****225.00 ****225.00
TITLE	Secretary	[ ] DELETE	2.1 TITLE	
NAME	James E. Bowman		2.2 NAME	
STREET ADDRESS	P.O. Box 626, Road Town, Tortola.		2.3 STREET ADDRESS	
CITY-ST-ZIP	British Virgin Island.		2.4 CITY-ST-ZIP	
				******8.75 ******8.75
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 7/29/96 809-494-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
James E. Bowman