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

27

City & State

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000048016 (6) **DOCUMENT #**

TAMPA BAY MAIDS, INC.

22

23

City & State

Principal Prace of Business	Mailing Address					
3805 N. HIMES TAMPA FL 33807	3805 N. HIMES TAMPA FL 33607-1100					
		3. Date Incorporated or Qualified 06/16/1995	3a. Date of Last Report 05/01/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Appl	ied		
21	26	59-3098369	Not a	App		
Suite, Apt. #, etc	Suite, Apt. #, etc.		□ \$8.75 Ad	diti		

Ζιρ 24	Country 25 9. Name and Address of	Zip 29 Current Registered Agent	30 Co	⊔ntry		This corporation has lie Florida Statutes Name and Address of	ability for intangible tax under s. 199.032, Yes No No New Registered Agent
SIERRA, ABELARDO III 3805 N. HIMES TAMPA FL 33607			81 82	Name Street Addre	ss (P.O. Box Number is Not	Acceptable)	
1				83			
				1041	Cat.		for 7 7in 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 Fai	m familiar with, and accept the obligations of, Section	on 607.0505, Flori	da Statutes			v	
SIGNATURE	Signature, typed or printed name of registered agont and little if applica	NOTE: 5	Registered Agent signature	nouved when minerating	DATE		
12.	OFFICERS AND DIRECTORS	in those in	13.		TO OFFICERS AND DIREC	TORS IN 12	
THILE	D	DELETE	1.1 TITLE		☐ Ch	inge Addit	tion
NAME	SIERRA, ABELARDO III		1.2 NAME				1
STREET ADDRESS	3805 N. HIMES		1.3 STREET ADDRESS				
CHY-ST-7P	TAMPA FL 33607		1.4 City-ST-ZIP				
TITLE	0	DELETE	2.1 TITLE		☐ Cha	nge 🔲 Addit	tion
NAME	SIERRA, SANDRA J.		2.2 NAME				
STREET ADDRESS	3805 N ITIMES		2.3 STREET ADDRESS				
CITY-ST-ZiP	TAMPA FL		2 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TIYLE		☐ Chi	nge 🗌 Addit	tion
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
City-St-ZIP			3.4. CITY-ST-ZIP				
TIFLE		DELETE	4.1 TITLE		☐ Ch	inge 🔲 Addit	tion
NAME			4. 2 NAME				
STREEL ADDRESS			43 STREET ADDRESS				
CITY - ST - 7IP			4.4 CITY-ST-ZIP				
THILE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Cha	inge 🔲 Addit	tion
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-7iP			54 CITY-ST-ZIP			·	
TiftE		DELETE	61 TITLE		☐ Ch	nge 🔲 Addit	tion
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CHY-ST-ZIP			6.4 CITY-ST-ZIP	140 07 (00) 5(-3)			

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 change

SIGNATURE:

SIGNATURE AND T

FILED

Apr 09 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

1 AMBERSON AND AREAS BRIEF BRIEF BRIEF BRIEF BRIEF

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution