
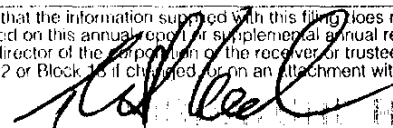


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------|---|--|--|--|
| DOCUMENT # P95000066996 (6) | | | | | |
| 1. Corporation Name TCH OF TAMPA, INC. | | | | | |
| Principal Place of Business 5310 56TH COMMERCE PARK TAMPA FL 33610 US | | | Mailing Address 4627 PARKBREEZE CT ORLANDO FL 32808-1044 | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/28/1995 |
| 21 | Suite, Apt. #, etc. | | 26 | Suite, Apt. #, etc. | |
| 22 | City & State | | 27 | City & State | |
| 23 | Zip | | 28 | Zip | |
| 24 | Country | | 29 | Country | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| STEILEN, THEODOR H 4627 PARKBREEZE CT ORLANDO FL 32808 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D STEILEN, THEODOR H | | 1.1 TITLE | | |
| NAME | 4627 PARKBREEZE CT | | 1.2 NAME | | |
| STREET ADDRESS | ORLANDO FL 32808 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | | |
| TITLE | D FLEMING, LINDA | | 2.1 TITLE | | |
| NAME | 4627 PARKBREEZE CT | | 2.2 NAME | | |
| STREET ADDRESS | ORLANDO FL 32808 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | | 3.1 TITLE | | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | | 4.1 TITLE | | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | | 5.1 TITLE | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | | 6.1 TITLE | | |
| 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 or is attached to an attachment with an address. | | | | | |
| SIGNATURE:  THEODOR H. STEILEN | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



CR2E034 (9/96)

4-7-97 407-292-5822
Date Daytime Phone #