

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

FILED
May 02 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 # P96000016814 (1)
1. Corporation Name
SPECIALIZED TECHNICAL SERVICES OF TAMPA BAY, INC



Principal Place of Business
1007 3RD AVE. NORTH WEST
LARGO FL 34640

Mailing Address
1007 3RD AVE. NORTH WEST
LARGO FL 33770-2312

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1996		3a. Date of Last Report 1st report	
21 2086 Druid Park Drive N Suite, Apt. #, etc.		26 2086 Druid Park Drive N Suite Apt. #, etc.		4. FEI Number 59-3362526		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Clearwater Florida Zip Country		28 Clearwater Florida Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34624 25 Pinellas		29 34624 30 Pinellas		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEGROW, VICTORIA E 1007 3RD AVE. NORTH WEST LARGO FL 34640				81 Name Victoria Elena LeGrow 82 Street Address (P.O. Box Number is Not Acceptable) 2086 Druid Park Drive North 83 Clearwater 84 City FL 85 Zip Code 34624			

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 *Victoria E. LeGrow* 4-28-97 DATE
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input type="checkbox"/> DELETE		1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEGROW, VICTORIA E			1.2 NAME	Victoria E LeGrow		
STREET ADDRESS	1007 3RD AVE. NORTH WEST			1.3 STREET ADDRESS	2086 Druid Park Drive		
CITY-ST-ZIP	LARGO FL 34640			1.4 CITY-ST-ZIP	Clearwater Florida 34624		
TITLE	DVS	<input type="checkbox"/> DELETE		2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ESTELIA M			2.2 NAME	Estelia M Brown		
STREET ADDRESS	555 S. BELCHER ROAD, #G205			2.3 STREET ADDRESS	2086 Druid Park Drive		
CITY-ST-ZIP	LARGO FL 34641			2.4 CITY-ST-ZIP	Clearwater Florida 34624		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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 *Victoria E. LeGrow*

CR2E034 (9/96)