

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90012 037 \*\*\*150.00

DOCUMENT # P97000091834

1. Corporation Name  
TRIBAL STYLE, INC.

Principal Place of Business  
104 DRUID HILLS ROAD  
TEMPLE TERRACE FL 33617

Mailing Address  
104 DRUID HILLS ROAD  
TEMPLE TERRACE FL 33617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 59-3522529	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JEFFRIES, DAVID M  
220 SOUTH FRANKLIN STREET  
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
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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/M/D
NAME	MUGABE TENN	1.2 NAME	JOHN TOMLINSON
STREET ADDRESS	104 DRUID HILLS RD	1.3 STREET ADDRESS	104 DRUID HILLS RD
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	V	2.1 TITLE	D
NAME	JOEL LONG	2.2 NAME	MUGABE TENN
STREET ADDRESS	104 DRUID HILLS RD	2.3 STREET ADDRESS	104 DRUID HILLS RD
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	T	3.1 TITLE	<del>JOEL LONG</del>
NAME	HUSANI SMITH	3.2 NAME	<del>104 DRUID HILLS RD</del>
STREET ADDRESS	9830 SIR FREDERICK ST	3.3 STREET ADDRESS	<del>TEMPLE TERRACE, FL 33617</del>
CITY-ST-ZIP	TAMPA FL 33637	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	P/M/D
NAME	THANDINE TENN	4.2 NAME	TOKUNGO TENN
STREET ADDRESS	104 DRUID HILLS RD	4.3 STREET ADDRESS	104 DRUID HILLS RD
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	4.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	M	5.1 TITLE	
NAME	MARCIA TENN	5.2 NAME	
STREET ADDRESS	104 DRUID HILLS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	
NAME	MUTHONI TENN	6.2 NAME	
STREET ADDRESS	104 DRUID HILLS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99

Date

(813) 849-9637

Daytime Phone #

CR2E034 (11/98)

0093585