



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

005717

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V01565 1. Corporation Name TAMPA BAY ACCOUNTING, INC.		

FILED
59 AUG -4 PM 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business 7015 N ARMENIA AVE STE 105 TAMPA FL 33604 US	Mailing Address 7015 N ARMENIA AVE STE 105 TAMPA FL 33604 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3097066		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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REID, PHILLIP A. 7015 N ARMENIA AVE STE 105 TAMPA FL 33604		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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, PHILLIP A.	1.2 NAME	
STREET ADDRESS	616 HALLIEWOOD AVE	1.3 STREET ADDRESS	500002959365--9
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	-08/13/99--01075--007
TITLE	TD	2.1 TITLE	****150.00 ****150.00
NAME	HAWKE, BRIAN H.	2.2 NAME	
STREET ADDRESS	6407 112TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKE, STEPHEN A.	3.2 NAME	
STREET ADDRESS	10903 THERESA ARBOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT A.	4.2 NAME	
STREET ADDRESS	11110 RICHLYNE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SP
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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:  **Phillip A. Reid - Pres.** 7/28/99 (813) 931-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

TAMPA BAY ACCOUNTING, INC.

7015 N. ARMENIA AVENUE

TAMPA, FLORIDA 33604

(813) 931-1040

FAX: (813) 932-2978

July 28, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

I am enclosing this letter with my Corporate Annual Report to ask for your consideration in waiving the \$300.00 penalty for late filing of this report. I can assure you that I was completely unaware that this had not been paid, and now that it has been brought to my attention, I am returning it along with my check and this apology. The person who normally handles this is no longer with me, and I think that that had something to do with this not being taken care of timely.

I would appreciate your assistance with this request and can guarantee you that it will not happen again.

Sincerely yours,



Phillip A. Reid