


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V45896**
1. Corporation Name
TAMPA WHOLESALE NEON INC.

Principal Place of Business Mailing Address
1923 N. 60th ST. Suite A **PO Box 79086**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State TAMPA FL. 23 Zip 33619 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State TAMPA FL. 28 Zip 33619 29 Country
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3. Date Incorporated or Qualified 6/23/1992	3a. Date of Last Report 4/96
4. FEI Number 59-3147887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C.F. WINGO
1923 N. 60th ST. Suite B
Tampa, FL 33619

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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HENLEY, DEBORAH
STREET ADDRESS	PO. BOX 16174 NA
CITY-ST-ZIP	TAMPA, FL. 33687
TITLE	<input type="checkbox"/> DELETE
NAME	D C.F. WINGO
STREET ADDRESS	1923 N. 60th ST. Suite B
CITY-ST-ZIP	TAMPA, FL. 33619
TITLE	<input type="checkbox"/> DELETE
NAME	D JAMES C. WINGO
STREET ADDRESS	4708 E. SEWARD
CITY-ST-ZIP	Tampa, FL. 33619
TITLE	<input type="checkbox"/> DELETE
NAME	D SHARON WINGO
STREET ADDRESS	4708 E. SEWARD
CITY-ST-ZIP	TAMPA, FL. 33619
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P EDWARD HORNES
STREET ADDRESS	2304 N. WHITIER
CITY-ST-ZIP	TAMPA, FL. 33619
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002197264
5.3 STREET ADDRESS	-06/02/97--01017--046
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **C.F. Wingo** **5/12/97** **813-626-5809**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)