

PAY NOW. FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 02 1997 8:00am
Secretary of State

DOCUMENT # **G44969** (5)

1. Corporation Name
F P B, INC. OF TAMPA

Principal Place of Business: **% PLACIDO FERNANDEZ, JR. 3906 N. ARMENIA AVE. TAMPA FL 33607**
Mailing Address: **% PLACIDO FERNANDEZ, JR. 3906 N. ARMENIA AVE. TAMPA FL 33607**

3. Date Incorporated or Qualified: **06/23/1983**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: **59-2300336** Applied For (Not Applicable)
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FERNANDEZ, PLACIDO, JR. 3906 N. ARMENIA AVE. TAMPA FL 33607**
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 **FL**

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 of current or former registered agent, and the if applicable) NOTE: Registered Agent signature required when re-registering. DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, PLACIDO, JR	1.2 NAME	
STREET ADDRESS	3906 N ARMENIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	100002207831
STREET ADDRESS		4.3 STREET ADDRESS	-06/10/97--01078--015
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***165.00
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	

16/02/97

(SEE LETTER RELATED)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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. I am not a resident of Florida and do not have a permanent address in Florida. I am not a resident of Florida and do not have a permanent address in Florida.

SIGNATURE: *P. Fernandez* Placido Fernandez, Jr. 5/29/97 813/877-1443

CR2E034 (12/95)