

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Aug 07 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 # G84490 (3)

1. Corporation Name
TAMPA TUBE CONTAINERS, INC.



Principal Place of Business % VICTOR J. BOLSA 3820 FAIR OAKS AVE. TAMPA FL 33611 US	Mailing Address % VICTOR J. BOLSA 3820 FAIR OAKS AVE. TAMPA FL 33611 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % VICTOR J. BOLSA	2a. Mailing Address 26 % VICTOR J. BOLSA
Suite, Apt. #, etc. 22 6605 Anderson Rd	Suite, Apt. #, etc. 27 6605 Anderson Rd
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33634	Country 25 US
Country 29 US	Zip 30 33634

3. Date Incorporated or Qualified 02/13/1984	3a. Date of Last Report 07/26/1996
4. FEI Number 59-2380822	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOLSA, VICTOR J.
5202 S. LOIS AVE.
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name **VICTOR J. BOLSA**

82 Street Address (P.O. Box Number is Not Acceptable)
6605 Anderson Rd

83

84 City **Tampa** FL 85 Zip Code **33634**

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

TITLE	P <input type="checkbox"/> DELETE
NAME	BOLSA, VICTOR
STREET ADDRESS	5202 S LOIS AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BOLSA, VICTOR
STREET ADDRESS	5202 S. LOIS AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BOLSA, VICTOR J
STREET ADDRESS	5202 S. LOIS AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	VID <input type="checkbox"/> DELETE
NAME	BOLSA, VICTOR J.
STREET ADDRESS	5202 S. LOIS AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *[Signature]* **8/11/97**

CR2E034 (4/97)