

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 360469 (1)

1. Corporation Name
T S A INC



Principal Place of Business 1516 SEABROOK RD JUPITER FL 33469 US	Mailing Address P.O. 3663 TEQUESTA FL 33469 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/02/1970	4. FEI Number 59-1291565	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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

~~TSCHIRGI, JOHN B~~
STEPHANIE R. ALLPORT
1740 OLD OKEECHOBEE RD - 17285 SAPP PLACE
WEST PALM BCH FL Jupiter, FL 33458

10. Name and Address of New Registered Agent

81 Name	Stephanie R. Allport
82 Street Address (P.O. Box Number is Not Acceptable)	17285 SAPP PLACE
83	
84 City	Jupiter
85 State	FL
86 Zip Code	33458

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 *Stephanie R. Allport* DATE **3-31-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VP	<input type="checkbox"/>
NAME	TSCHIRGI, CHRIS J	
STREET ADDRESS	1516 SEABROOK RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	<input type="checkbox"/>
NAME	ALLPORT, ROBIN	
STREET ADDRESS	713 SAPP ST	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	<input checked="" type="checkbox"/>
NAME	TSCHIRGI, JOHN B	
STREET ADDRESS	1516 SEABROOK RD	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	Secretary-Treas. - Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	ALLPORT, STEPHANIE ROBIN		
2.3 STREET ADDRESS	713 SAPP ST 17285 SAPP PL.		
2.4 CITY-ST-ZIP	Jupiter, FL 33458		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	700002481487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-04/07/98--01039--027		
6.3 STREET ADDRESS	***150.00		
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 *Stephanie R. Allport* DATE **3-31-98**

CR2E034 (10/97)

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