

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90008 016 \*\*\*450.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000002412**

1. Corporation Name  
**TTSI III, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1800 CENTURY PARK EAST, STE. 1000  
 LOS ANGELES CA 90067**

Mailing Address  
**1800 CENTURY PARK EAST, STE. 1000  
 LOS ANGELES CA 90067**

3. Date Incorporated or Qualified  
**04/28/1998**

4. FEI Number  
**95-4681558**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**1828 EVANS AVE**

2a. Mailing Address  
**333 N. Sam Houston Pkwy E.**

21 Suite, Apt. #, etc.  
**Suite 200**

22 City & State  
**FORT MYERS FL**

23 City, & State  
**Houston, TX**

24 Zip  
**33901**

25 Country  
**USA**

27 Zip  
**77060**

28 Country  
**USA**

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301**

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

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ROEDER, RICHARD K</del>	
STREET ADDRESS	<del>1800 CENTURY PARK EAST, STE. 1000</del>	
CITY-ST-ZIP	<del>LOS ANGELES CA 90067</del>	
TITLE	<del>SV</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KRAMER, MARC A</del>	
STREET ADDRESS	<del>1800 CENTURY PARK EAST, STE. 1000</del>	
CITY-ST-ZIP	<del>LOS ANGELES CA 90067</del>	
TITLE	<del>CFOT</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ELSEA, FREDERICK J III</del>	
STREET ADDRESS	<del>1800 CENTURY PARK EAST, STE. 1000</del>	
CITY-ST-ZIP	<del>LOS ANGELES CA 90067</del>	
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>CEO</b>
1.3 STREET ADDRESS	<b>GEORGE E. MCFALL</b>
1.4 CITY-ST-ZIP	<b>333 N. SAM HOUSTON PKWY E. #200</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VIS</b>
2.3 STREET ADDRESS	<b>ALBERT F. ROBINSON</b>
2.4 CITY-ST-ZIP	<b>10652 E. SAN JUAN DR</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Regional</b>
3.3 STREET ADDRESS	<b>KEITH WARE</b>
3.4 CITY-ST-ZIP	<b>7928 FERN LEAF DR.</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VICOOLO</b>
4.3 STREET ADDRESS	<b>Grover Ferguson</b>
4.4 CITY-ST-ZIP	<b>333 N. Sam Houston Pkwy E. #200</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VICFOIT</b>
5.3 STREET ADDRESS	<b>Gary Walther</b>
5.4 CITY-ST-ZIP	<b>333 N. Sam Houston Pkwy E. #200</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>V/ Controller</b>
6.3 STREET ADDRESS	<b>Elizabeth Marshall</b>
6.4 CITY-ST-ZIP	<b>333 N. Sam Houston Pkwy E. #200</b>

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, with all other like empowered.

SIGNATURE: *Elizabeth Marshall* 4/1/99 281-7162000

CR2E034 (11/98)