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FILED
Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K67097 (1)

1. Corporation Name
TFS-19, INC.



Principal Place of Business
**5858 CENTRAL AVE.
 ST. PETERSBURG FL 33707**

Mailing Address
**5858 CENTRAL AVE.
 ST. PETERSBURG FL 33707-1720**

3. Date Incorporated or Qualified **02/21/1989** 3a. Date of Last Report **06/24/1996**

2. Principal Place of Business
21 11300 4th St. N.

2a. Mailing Address
26 11300 4th St. N.

4. FEI Number **59-2933253** Applied For Not Applicable

Suite, Apt. #, etc.
22 Suite 200

Suite, Apt. #, etc.
27 Suite 200

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 St. Petersburg, FL

City & State
28 St. Petersburg, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 33716 25 USA

Zip Country
29 33716 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEMBLER, M. STEVEN
 5858 CENTRAL AVE.
 ST. PETERSBURG FL 33707**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
11300 4th St. N.
83 Suite 200
84 City
St. Petersburg FL **85 Zip Code**
33716

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST <input type="checkbox"/> DELETE
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	5858 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	5858 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	STROSS, PAMELA J.
STREET ADDRESS	5858 CENTRAL AVE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	JOHNSON, DARIAN W.
STREET ADDRESS	5858 CENTRAL AVE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11300 4th St.N., Ste. 200
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11300 4th St. N., Ste. 200
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11300 4th St.N., Ste. 200
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11300 4th St. N., Ste. 200
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716
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: *M Steven Sembler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 8135775522
 Date Daytime Phone #

CR2E034 (9/96)