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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 33707-1728

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

22 Suite 200
City & State

27 Suite 200
City & State

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

23 St. Petersburg, FL
Zip Country

28 St. Petersburg, FL
Zip Country

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

24 33716

25 USA

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

2/3/97 8135775522
Date Daytime Phone #

CR2E034 (9/96)