

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M95248** (4)
1. Corporation Name
T.S.B., INC.

Principal Place of Business Mailing Address
4337 OKEECHOBEE BLVD. H3.4.5 **4337 OKEECHOBEE BLVD. H3.4.5**
WEST PALM BEACH FL 33409 **WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/22/1988** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0071037** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent
EMPKE, WILLIAM, III
77 MILESTONE WAY
WEST PALM BEACH FL 33463

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 607.1608, 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 607.0508, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title as provided) (NOTE: Registered Agent signature required when re-appointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME EMPKE, WILLIAM, III STREET ADDRESS 77 MILESTONE WAY CITY, ST, ZIP WEST PALM BCH. FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME EMPKE, WILLIAM JR. STREET ADDRESS 5112 WHITEWOOD WAY CITY, ST, ZIP L.W. FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	NAME EMPKE, FLORENCE STREET ADDRESS 5112 WHITE WOOD WAY CITY, ST, ZIP L.W. FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	NAME EMPKE, MARIE P. STREET ADDRESS 77 MILESTONE WAY CITY, ST, ZIP WEST PALM BEACH FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 and typed or printed name of signing officer or director) **4-18-95** **407 977-0084**