


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

FILED

**Mar 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37614 (5)
1. Corporation Name
TSB, INC., A KANSAS CORPORATION



Principal Place of Business % HOLLYWOOD BEACH RESORT HOTEL 101 N. OCEAN DRIVE HOLLYWOOD FL 33019	Mailing Address 8100 EAST 22ND STREET NORTH BUILDING 500 WICHITA KS 67226-2305 US
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3. Date Incorporated or Qualified 02/19/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 48-1089592	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**SLOAN, TIMOTHY J.
427 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHFUS, ROLF	1.2 NAME	
STREET ADDRESS	8100 EAST 22ND ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	WICHITA KS	1.4 CITY- ST- ZIP	
TITLE	VCV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, B. ANTHONY	2.2 NAME	
STREET ADDRESS	8100 EAST 22ND ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	WICHITA KS	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN, DON R.	3.2 NAME	
STREET ADDRESS	8100 EAST 22ND ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	WICHITA KS	3.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPATIE, MICHAEL A.	4.2 NAME	
STREET ADDRESS	304 MORNINGSIDE	4.3 STREET ADDRESS	
CITY- ST- ZIP	SAN ANTONIO TX	4.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROY R.	5.2 NAME	
STREET ADDRESS	8100 EAST 22ND ST.	5.3 STREET ADDRESS	
CITY- ST- ZIP	WICHITA KS	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, J. DAVID	6.2 NAME	
STREET ADDRESS	101 N. OCEAN DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD BEACH FL	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: *Roy R. Baker* **ROY R. BAKER** **REQUIRED** **ROY R. Baker** **3/17/97** **316-681-5107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)