

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified 02/19/1992	
4. FEI Number 48-1089592	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 DAVID M. BAUMAN	
82 Street Address (P.O. Box Number is Not Acceptable) 7820 PETERS ROAD, STE E-103	
83	
84 City PLANTATION FL	85 Zip Code 33324

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: *[Signature]* DATE: **3.10.98**

12. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	RUHFUS, ROLF	
STREET ADDRESS	8100 EAST 22ND ST. WICHITA KS	
CITY-ST-ZIP		
TITLE	VCV	<input checked="" type="checkbox"/> DELETE
NAME	ISAAC, B. ANTHONY	
STREET ADDRESS	8100 EAST 22ND ST. WICHITA KS	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARVIN, DON R.	
STREET ADDRESS	8100 EAST 22ND ST. WICHITA KS	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEPATIE, MICHAEL A.	
STREET ADDRESS	304 MORNINGSIDE SAN ANTONIO TX	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ROY R.	
STREET ADDRESS	8100 EAST 22ND ST. WICHITA KS	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESS, J. DAVID	
STREET ADDRESS	101 N. OCEAN DRIVE HOLLYWOOD BEACH FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	RICHARD J. SCHECHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AVENUE SOD CRAIG ROAD	
1.3 STREET ADDRESS	MANALAPAN, NJ. 07726	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *[Signature]* DATE: **3/6/98** **GRV-921-0980**

CR2E034 (10/97)