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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1	IMENT # P9300 TSCITY USA, INC.	0040194 (1)			######################################	16111 6161 (661
Principal Place of Business Mailing Address				-		PAR OBAR OIDH DOIDH IIDH	
5747 W. IRLO BRONSON HWY. KISSIMMEE FL 34746		5800 INTERNATIONAL DR ORLANDO FL 32819 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal I	Place of Business	2a. Mailing Address			06/03/1993 4. FEI Number		Applied For
21		26		59-3096872	 	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & Sta	to	City & State				Fee F	Required
23	i u	28		6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	7 _{ip}	Count	iry	This corporation owes or has pa		to Fees
24	25	29	30	,	Personal Property Tax due June		No No
	Name and Address of Currer DSEPHS, KURT	nt Registered Agent		11 Name	10. Name and Address of New Re	gistered Agent	
K	747 W. IRLO BRONSON HWY. ISSIMMEE FL 34746		8	3 i4 City	dress (P.O. Box Number is Not Acceptable)	FL 85 Zip	Code
agent. Fa SIGNATURE	Signature, typed or printed name of registered age				alion's board of directors. I hereby acceptions board of directors. I hereby acceptions between reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	D	DELETE	1.1 T(TLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZiP	JOSEPHS, DELROY 5747 W. IRLO BRONSON HV KISSIMMEE FL 34746	NY.	1.2 NAMI 1.3 STREI 1.4 CITY	ET ADDRESS			
TITLE	D DELETE		21 TITLE			Change	Addition
NAME	JOSEPHS, ELEANOR		22 NAME				
STREET ADDRESS	REET ADDRESS 5747 W. IRLO BRONSON HWY.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746		2. 4 CITY				
TITLE	D IOCEDIA MINT	L DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME CEDSET ADDRESS	JOSEPHS, KURT 5747 W. IRLO BRONSON HV	4N/	3.2 NAME				
STREET ADDRESS	KISSIMMEE FL 34748	YT.		ET ADDRESS			
CITY-ST-ZIP TITLE	NOOMMEE IL 07/70	☐ DELETE	3.4. CiTY- 4.1 TITLE			Change	Addition
NAME		<u> </u>	4.1 INCE			L. Change	Pidotina
STREET ADDRESS	,			et aodress			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP		- Decision	5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			∐. Change	Addition
NAME STREET ADDRESS			6.2 NAME				
STREET MUUTESS			■ 0321HFF	T ADDRESS			

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 supplimental 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 true the 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 15 1998 8:00am

Secretary of State