

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Service to Government  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

DOCUMENT # P94000080141 (2)

TSE, INC.

5:02 PM 11/01/94

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

|                                                                                               |                                                                            |                                                                   |  |                                                                                                                                                                    |  |                                                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Principal Office (Street, City, State, Zip)<br>590 JANICE COURT<br>MERRITT ISLAND FL 32953 |                                                                            | 2a. Mailing Address<br>P.O. BOX 542624<br>MERRITT ISLAND FL 32954 |  | 3. Date of Incorporation<br>11/01/1994                                                                                                                             |  | 3a. State of Incorporation<br>FL                                                                                                                                   |  |
| 2. Principal Office (City, State, Zip)<br>21. City<br>22. State<br>23. Zip                    | 2b. Mailing Address (City, State, Zip)<br>26. City<br>27. State<br>28. Zip | 4. FIC Number<br>59-3279332                                       |  | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees                |  | 6. Election Campaign Financing<br>Trust Fund Contributions<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |  |
| 24. City<br>25. State<br>26. Zip                                                              | 27. City<br>28. State<br>29. Zip                                           | 30. Country                                                       |  | 7. This corporation has liability for damages for which it is liable under Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | 8. This corporation has liability for damages for which it is liable under Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                                                                                               |  |                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>AMERILAWYER<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |  | 10. Name and Address of New Registered Agent<br>81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>85. Zip Code<br>FL |  |
|---------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

11. Pursuant to the provisions of Sections 607.050, 607.051, 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 \_\_\_\_\_

|                                                                                                                        |                                                                                                                                         |                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS                                                                                             |                                                                                                                                         | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)                    |  |
| 1. NAME<br>DINSON, ALPHONSO<br>2. STREET ADDRESS<br>590 JANICE COURT<br>3. CITY, STATE, ZIP<br>MERRITT ISLAND FL 32953 | 1. NAME<br>V<br>Zimmerman, Alan D.<br>2. STREET ADDRESS<br>590 Janice Court<br>3. CITY, STATE, ZIP<br>Merritt Island, Florida 32953     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                    | 1. NAME<br>T<br>Zimmerman, Heather, E.<br>2. STREET ADDRESS<br>590 Janice Court<br>3. CITY, STATE, ZIP<br>Merritt Island, Florida 32953 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                    | 1. NAME<br>S<br>Warner, John S.<br>2. STREET ADDRESS<br>1845 Old Dixie Highway<br>3. CITY, STATE, ZIP<br>Titusville, Florida 32796      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                    | 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                    | 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                    | 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                    | 1. NAME<br>2. STREET ADDRESS<br>3. CITY, STATE, ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in the Florida Statutes. I further certify that the information included in 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 this corporation or the registered agent of this corporation as required by Chapter 607, Florida Statutes. (See Official Name, Appendix, Block 1, for Block 1 of changed or new officers and directors with an address.)

SIGNATURE: Alan David Zimmerman  
27 April 1995 407.452.7407