FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000004028 (3)

1. Corporation Name
TBSSS, INC.

Principal Place of Business
433 PLAZA REAL
SUITE 335
BOCA RATON FL 33432

Mailing Address
433 PLAZA REAL
SUITE 335
BOCA RATON FL 33432-3946

3. Date Incorporated or Qualified: 01/10/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0559539 — [ ] 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip
24 ____ 25 Country ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip
29 ____ 30 Country ____

9. Name and Address of Current Registered Agent
GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131

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 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1 1 TITLE	[ ] Change [ ] Addition
NAME	CROCKER, THOMAS J		1 2 NAME	
STREET ADDRESS	433 PLAZA REAL, SUITE 335		1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		1 4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	2 1 TITLE	[ ] Change [ ] Addition
NAME	ONISKO, ROBERT		2 2 NAME	
STREET ADDRESS	433 PLAZA REAL, SUITE 335		2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		2 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 1 TITLE	[ ] Change [ ] Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 1 TITLE	[ ] Change [ ] Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 1 TITLE	[ ] Change [ ] Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 1 TITLE	[ ] Change [ ] Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 4-22-97 561-395-9666