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

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PROFIT
*CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 23 PM 2:49

DOCUMENT # **P97000081031**

1. Corporation Name
TSCPR FLORIDA, INC.

Principal Place of Business	Mailing Address
% THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST PETERSBURG FL 33707	% THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated/Qualified
09/17/1997

4. FEI Number
59-3470265

Applied For / Not Applicable

5. Could not obtain Sunbiz Discount ✓

$8.75 Additional Fee Required

6. Electronic Filing Premium Tax Fund Contribution

$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

SEMBLER, GREGORY S
% THE SEMBLER COMPANY
5858 CENTRAL AVENUE
ST PETERSBURG FL 33707

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 _____ Date
Signature, typed or printed name of registered agent and date required (see instructions)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] DELETE	[ ] Change [ ] Add
NAME	SEMBLER, GREGORY S		
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST PETERSBURG FL 33707		
TITLE	DC	[ ] DELETE	[ ] Change [ ] Add
NAME	SEMBLER, MELVIN F		
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST PETERSBURG FL 33707		
TITLE	DS	[ ] DELETE	[ ] Change [ ] Add
NAME	SEMBLER, BRENT W		
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST PETERSBURG FL 33707		
TITLE	DT	[ ] DELETE	[ ] Change [ ] Add
NAME	SHER, CRAIG H		
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST PETERSBURG FL 33707		
TITLE		[ ] DELETE	[ ] Change [✓] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [✓] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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TS 4/23/99 99 AR

VP, S
EPIFANIO FABREGAS
5858 Central Avenue
St. Petersburg, FL 33707

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14. I hereby certify that the information supplied with this filing does not qualify for the exempt status listed 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, with all other like empowered.

SIGNATURE: ✓ _____ 4-19-99 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
Craig H. Sher, Treasurer