


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000089169</b>					
1. Corporation Name <b>TSE, INC.</b>					

Principal Place of Business <b>2321-A2 N.W. 41ST STREET GAINESVILLE FL 32606</b>		Mailing Address <b>2321-A2 N.W. 41ST STREET GAINESVILLE FL 32606</b>	
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2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent	
<b>SPAIN, THOMAS C 2321-A2 N.W. 41ST STREET GAINESVILLE FL 32606</b>	

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)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>SPAIN, THOMAS C</b>
STREET ADDRESS	<b>2321-A2 N.W. 41ST STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	<b>SPAIN, THOMAS C</b>
STREET ADDRESS	<b>2321-A2 N.W. 41ST STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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99 JUL 22 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/16/99 90016 025 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/16/1997</b>	
4. FEI Number <b>59-3478276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

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:  **SPAIN, SUSAN B.**  
SECRETARY/TREASURER  
7/13/99 (352) 376-6872

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