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May 05 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 # S45176 (2)

1. Corporation Name
TSP AMERICA, INC.

Principal Place of Business
4919 80TH AVENUE CIR EAST
SARASOTA FL 34243

Mailing Address
4919 80TH AVENUE CIR EAST
SARASOTA FL 34243-4916



3. Date Incorporated or Qualified 04/15/1991
3a. Date of Last Report 07/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0257728	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUPRECHT, THOMAS L 4919 80TH AVENUE CIR EAST SARASOTA FL 34243	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	Change Addition
NAME	RUPRECHT, THOMAS L	1.2 NAME	
STREET ADDRESS	4919 80TH AVE CIR E	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	DV	2.1 TITLE	Change Addition
NAME	CHAFFEE, OWEN	2.2 NAME	
STREET ADDRESS	203 YOAKUM PKWY NO 1012	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALEXANDRIA VA	2.4 CITY - ST - ZIP	ALEXANDRIA, VA 22304
TITLE	DV	3.1 TITLE	Change Addition
NAME	BOETTCHER, JUERGEN	3.2 NAME	
STREET ADDRESS	FOUR SAWGRASS VILLAGE #110	3.3 STREET ADDRESS	201 ATP-TOUR BLVD. #162
CITY - ST - ZIP	PONTE VEDRA BEACH FL	3.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____ DATE: 4/26/97 DAYTIME PHONE: (941) 371-6086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)