

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 PM 8:24

DOCUMENT # F69861 (5)

1. Corporation Name
T'S, INC.

Principal Place of Business 312 CONGRESS AVE. W. PALM BCH. FL 33406 US	Mailing Address 1801-18TH WAY W. PALM BEACH FL 33407 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1982	3a. Date of Last Report 08/02/1994
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	4. FEI Number 59-2165015	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Quantity	29. Zip	30. Country

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. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent TOMLINSON (LORNE J.) 1801-18TH WAY WEST PALM BEACH FL 33407	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
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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 _____ (PRINT) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	TOMLINSON, LORNE J	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 18TH WAY	2. NAME	
STREET ADDRESS	W. PALM BEACH FL 33407	3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY - ST - ZIP		8. CITY - ST - ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **L. J. TOMLINSON** *[Signature]* **May 30 - 95** **407-428-0019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (District Phone #)