

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V51530

(6)

1. Corporation Name:

TOTAL SYSTEM BALANCE, INC.

Principal Place of Business:

206 NW 47TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address:

206 NW 47TH AVENUE
DEERFIELD BEACH FL 33442

APPROVED
AND
FILED

55 KIV - 1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: 21 600 NW 45TH AVE Suite Apt. # etc. 22		2a. Mailing Address: 26 P.O. BOX 5940 Suite Apt. # etc. 27		3. Date Incorporated or Qualified 07/16/1992		3a. Date of Last Report 03/14/1994	
				4. FEI Number 65-0357239		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. True corporation name if name has been changed Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 33442 25 USA		29 33074 30 USA		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JENISON, ERIC T 206 NW 47TH AVENUE DEERFIELD BEACH FL 33442 MOVED				ERIC JENISON			
				81. Name 82. Street Address (P.O. Box Number is Not Acceptable)			
				83. 600 NW 45TH AVE			
				84. City 85. Zip Code		86. DEERFIELD BEACH FL 33442	

11. Pursuant to the provisions of Sections 137.007 and 607.16(8) Florida Statute, the above named corporation submits the 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 responsibilities of the law of Chapter 607 Florida Statute.

SIGNED

12. OFFICERS AND DIRECTORS:		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PTD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JENISON, ERIC T	2. NAME	
100% APPLIC.	206 NW 47TH AVENUE	3. ADDRESS	
City & St.	DEERFIELD BEACH FL	4. DATE 1/1/90	
NAME	VSD	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JENISON, LINDA	6. NAME	
100% APPLIC.	206 NW 47TH AVENUE	7. ADDRESS	
City & St.	DEERFIELD BEACH FL	8. DATE 1/1/90	
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		10. NAME	
100% APPLIC.		11. ADDRESS	
City & St.		12. DATE 1/1/90	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14. NAME	
100% APPLIC.		15. ADDRESS	
City & St.		16. DATE 1/1/90	
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		18. NAME	
100% APPLIC.		19. ADDRESS	
City & St.		20. DATE 1/1/90	
NAME		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		22. NAME	
100% APPLIC.		23. ADDRESS	
City & St.		24. DATE 1/1/90	
NAME		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		26. NAME	
100% APPLIC.		27. ADDRESS	
City & St.		28. DATE 1/1/90	

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and true and complete for the purposes stated in Section 137.007 Florida Statute. I further certify that the documents submitted in the annual report or supplemental annual report are true and accurate and that my signature shall have the same legal effect as if made under oath. I will sign any other document of the corporation in the course of business empowered to execute the report as required by Chapter 607 Florida Statute, and that my name appears in Block 1 on Block 1 of the original or any other version with an addition.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 305-925-0764

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System 1000

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