
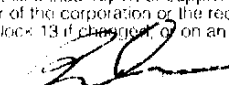


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 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 # 558331 (5) 1. Corporation Name TOTAL DISTRIBUTION SYSTEMS INC.			
Principal Place of Business 1111 IMESON PARK BLVD JACKSONVILLE FL 32218		Mailing Address 1111 IMESON PARK BLVD JACKSONVILLE FL 32218-4807	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/27/1978		3a. Date of Last Report 02/12/1996	
4. FEI Number 59-1797190		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WEINSTEIN, IRVIN M 1300 GULF LIFE DRIVE JACKSONVILLE FL 32207		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	STV	<input type="checkbox"/> DELETE	
NAME	DUNCAN, BRIAN R		
STREET ADDRESS	301 TILLSON AVE.		
CITY-ST-ZIP	TILLSONBURG, CAN 00000		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	OUTERSON, DAVE		
STREET ADDRESS	1111 IMESON PARK BLVD		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	LOGAN, THOMAS		
STREET ADDRESS	301 TILLSON AVE		
CITY-ST-ZIP	TILLSONBURG, CAN		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DANIELS, TERRANCE		
STREET ADDRESS	230 EAST HIGH ST		
CITY-ST-ZIP	CHARLOTTESVILLE VA		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	HARVEY, EDWARD		
STREET ADDRESS	230 EAST HIGH ST		
CITY-ST-ZIP	CHARLOTTESVILLE VA		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	DODD, ANDREW		
STREET ADDRESS	301 TILLSON AVE.		
CITY-ST-ZIP	TILLSONBURG CA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	KORSHOCKER JOHN		
1.3 STREET ADDRESS	301 TILLSON AVENUE		
1.4 CITY-ST-ZIP	TILLSONBURG, ONTARIO CAN N4B 5E5		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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:  BRIAN DUNCAN			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CP2E034 (9/96)