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CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558331 (5)

1. Name and Mailing Address of Corporation
TOTAL DISTRIBUTION SYSTEMS INC.
1111 IMESON PARK BLVD
JACKSONVILLE FL 32218-4907

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1978
3a. Principal Place of Business Effective: 04/15/1992
4. FEI Number: 591797190
5. Certificate of Status Desired
$8.75 Additional Fee Required
6. Name and Address of Current Trust Fund Consultant
$5.00 May Be Added to Fees
7. Name and Address of Current Tax Agent
$138.75 Supplemental Fee Not Required
8. The corporation has authorized persons to execute instruments conveying Florida real property: Yes / No

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

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

31 Name
32 Street Address (P.O. Box Not Acceptable)
33
34 City FL 35 Zip 36 County

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS (CHANGES)	
1.1 TITLE	S/T/D		
1.2 NAME	DUNCAN, BRIAN R		
1.3 ADDRESS	301 TILLSON AVE.		
1.4 CITY ST ZIP	TILLSONBURG, CAN 00000		
2.1 TITLE	D		
2.2 NAME	OUTERSON, DAVE		
2.3 ADDRESS	1111 IMESON PARK BLVD		
2.4 CITY ST ZIP	JACKSONVILLE, FL 00000		
3.1 TITLE	P/D		
3.2 NAME	LOGAN, THOMAS		
3.3 ADDRESS	301 TILLSON AVE		
3.4 CITY ST ZIP	TILLSONBURG, CAN		
4.1 TITLE			
4.2 NAME			
4.3 ADDRESS			
4.4 CITY ST ZIP			
5.1 TITLE			
5.2 NAME			
5.3 ADDRESS			
5.4 CITY ST ZIP			
6.1 TITLE			
6.2 NAME			
6.3 ADDRESS			
6.4 CITY ST ZIP			

JP 3/10

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall serve as my signature and oath. I further certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blocks 12 or 13 above, or on an attachment with an asterisk.

SIGNATURE _____ DATE Feb 6 '93

Print/Type Name of Signing Officer or Director: Brian Duncan
Title(s): V.P. Finance
Daytime Telephone Number: (519) 842 4211

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