

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 559178 (9)

1. Corporation Name

TT SALES, INC.

Principal Place of Business

Mailing Address

2160 DENNY CT.
BOCA RATON FL 33486

2160 DENNY CT.
BOCA RATON FL 33486



2. Principal Place of Business
21 955 DOTTEREL RD.
Suite, Apt. #, etc. #2104
22 City & State DELRAY BEACH, FL
23 Zip 33444 Country USA
24 33444 25 USA 26 955 DOTTEREL RD
Suite, Apt. #, etc. #2104
27 City & State DELRAY BEACH FL
28 Zip 33444 Country USA
29 33444 30 USA

3. Date Incorporated or Qualified 02/08/1978
3a. Date of Last Report 01/24/1995
4. FEI Number 59-1789145
Applied For Not Applicable
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 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THIEL, THOMAS P
2160 DENNY CT.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name THIEL, THOMAS P.
82 Street Address (P.O. Box Number is Not Acceptable) 955 DOTTEREL RD #2104
83
84 City DELRAY BEACH FL 85 Zip Code 33444

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 THOMAS P. THIEL, PRESIDENT Thomas P. Thiel 1/23/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS
NAME THIEL, THOMAS P
STREET ADDRESS 2160 DENNY CT.
CITY-ST-ZIP BOCA RATON FL 33486
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME THIEL THOMAS P.
1.3 STREET ADDRESS 955 DOTTEREL RD #2104
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33444
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)