

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 632283 (8)
1. Corporation Name
T. P. SALES, INC.

Principal Place of Business 125 1ST CT. KEY LARGO FL 33037		Mailing Address 125 1ST CT. KEY LARGO FL 33037		3. Date Incorporated or Qualified 08/08/1979		3a. Date of Last Report 08/08/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1999592		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEEK, THOMAS H. 17605 S.W. 90TH AVENUE MIAMI FL 33157				81 Name PEEK THOMAS H.			
				82 Street Address (P.O. Box Number is Not Acceptable) 125 1ST CT			
				83 KEY LARGO			
				84 City FL 85 Zip Code 33037			
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 _____ (Signature of person or officer of registered agent, as applicable) (NOTE: Registered Agent Signature required when changing) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE _____ NAME P <input type="checkbox"/> DELETE PEEK, THOMAS H. STREET ADDRESS 17605 S.W. 90TH AVE. CITY - ST - ZIP MIAMI FL				1.1 TITLE _____ 1.2 NAME P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEEK, THOMAS H. 1.3 STREET ADDRESS 125 1ST CT. 1.4 CITY - ST - ZIP KEY LARGO, FL. 33037			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26 3054539840

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