

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J07968** (7)
1. Corporation Name
TTS MARKETING, INC.



Principal Place of Business: **1001 N. WASHINGTON BLVD. SARASOTA FL 34236**
Mailing Address: **1001 N. WASHINGTON BLVD. SARASOTA FL 34236**

3. Date Incorporated or Qualified: **04/07/1986**
3a. Date of Last Report: **02/02/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
2999 S. Tamiami Tr.		2999 S. Tamiami Tr.		59-2668026		<input type="checkbox"/>		<input type="checkbox"/>		02/02/1995		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State: Sarasota FL		City & State: Sarasota FL		Applied For: Not Applicable		Additional Fee Required: \$8.75		May Be Added to Fees: \$5.00					
Zip: 34239		Country: USA		Zip: 34239		Country: USA							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIHALEY LORI NAN 1001 NORTH WASHINGTON BLVD. SARASOTA FL 34236				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2999 S. Tamiami Tr.			
				83			
				84 City: Sarasota FL 85 Zip Code: 34239			

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: *Lori-Nan Mihaley* (NOTE: Registered Agent Signature Required When Reinstating) DATE: 1-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRAY, E. C.	1.1 TITLE	
NAME	4766 RINGWOOD MEADOW	1.2 NAME	
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	D	1.4 CITY-ST-ZIP	
TITLE	GRAY, RICHARD	2.1 TITLE	
NAME	4766 RINGWOOD MEADOW	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	D	2.4 CITY-ST-ZIP	
TITLE	GRAY, ROBERT E.	3.1 TITLE	
NAME	4766 RINGWOOD MEADOW	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or person 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]* DATE: FEB 12/96 DAYTIME PHONE #: 941-377-0228

CR2E034 (12/95)