FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 23 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25277 (5)

1. Corporation Name

TS REALTY (FLORIDA), INC.

Principal Place of Business	Mailing Address
717 FIRST STREET, EAST P.O. BOX 811 BRADENTON FL 34208	717 FIRST STREET, EAST P.O. BOX 811 BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1989
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 65-0133069 ☐ 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

SGROI, MARIO
FLORIDA SUN PUBLICATIONS
717 FIRST STREET EAST
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name: Edwin W. Gray
82 Street Address (P.O. Box Number is Not Acceptable): 717 1st Street East
83:
84 City: Bradenton FL 85 Zip Code: 34208

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: _____ Edwin W. Gray 3/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C ☒ Change ☐ Addition
NAME	JACKSON, BRUCE	1.2 NAME	Jackson, Bruce
STREET ADDRESS	333 KING STREET EAST	1.3 STREET ADDRESS	333 King Street East
CITY-ST-ZIP	TORONTO, ONTARIO	1.4 CITY-ST-ZIP	Toronto, Ontario CANADA M5A 3X5
TITLE	V	2.1 TITLE	P ☒ Change ☐ Addition
NAME	ZEILHOFER, GERALD	2.2 NAME	Dempsey, William
STREET ADDRESS	4134 GULF OF MEXICO DR., #205	2.3 STREET ADDRESS	0903 Gainsborough Road.
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	Hyde Park, Ontario CANADA N0M 1Z0
TITLE	S	3.1 TITLE	S/T ☒ Change ☐ Addition
NAME	DEMPSEY, WILLIAM	3.2 NAME	Gray, Edwin W.
STREET ADDRESS	0903 GAINSBOROUGH RD	3.3 STREET ADDRESS	717 1st Street East
CITY-ST-ZIP	HYDE PARK ON	3.4 CITY-ST-ZIP	Bradenton, FL USA 34208
TITLE	C	4.1 TITLE	☒ Change ☐ Addition
NAME	GRANT, JOHN S	4.2 NAME	
STREET ADDRESS	COMMERCE COURT WEST 3800	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	TORONTO, ONTARIO CANADA	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	SGROI, MARIO	5.2 NAME	
STREET ADDRESS	809 S ORLANDO AVE "0"	5.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	☒ Change ☐ Addition
NAME	GRAY, EDWIN W	6.2 NAME	DELETE
STREET ADDRESS	717 FIRST STREET E	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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)(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 added by amendment with an address.

SIGNATURE: _____ Edwin W. Gray 3/14/95 (813) 748-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484193 FP