SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

*PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P30882** **(5)**

1. Corporation Name

~~TEE-COM~~ DISTRIBUTION INC.
TEE-COMM

Principal Place of Business	Mailing Address
7016 NW 50TH STREET MIAMI FL 33166	7016 NW 50TH STREET MIAMI FL 33166

3. Date Incorporated or Qualified: 08/24/1990
3a. Date of Last Report: 10/27/1995

2. Principal Place of Business 21	2a. Mailing Address 26 775 Main St. E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Milton, Ontario
Zip / Country 24 / 25	Zip / Country 29 L9T 3Z3 / 30 Canada

4. FEI Number: 16-1105053 — 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. 190.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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, Type or Printed Name of Registered Agent, and Title, if applicable) (Florida Registered Agent Signature Required After Designation) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BAHNMAN, A.G.		1.2 NAME	BAHNMAN, A.G	
STREET ADDRESS	7316 BELL SCHOOL LINE, RR #6		1.3 STREET ADDRESS	7316 Bell School Line, R.R#6	
CITY-ST-ZIP	MILTON, ONTARIO, CAN		1.4 CITY-ST-ZIP	Milton, Ontario, CAN L9T2Y1	
TITLE	VST	☐ DELETE	2.1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	WILLINSON, JAMES		2.2 NAME	WILKINSON, James	
STREET ADDRESS	535 LAKESHORE ROAD		2.3 STREET ADDRESS	535 Lakeshore Rd	
CITY-ST-ZIP	OAKVILLE ONTARIO CA		2.4 CITY-ST-ZIP	Oakville, Ontario CAN L6K 1G6	
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	KLIPPENSTEIN, Murray	
STREET ADDRESS			3.3 STREET ADDRESS	60 Ranciffe St.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Oakville, Ontario CAN L6H 1B2	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	200001903582	☐ Change ☐ Addition
NAME			5.2 NAME	-07/24/96--01074--037	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Secretary June 17, 1996 (905) 878-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #