

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 # P39904 (8)

1. Corporation Name

T S I TRANSPORT SYSTEMS, INC.



Principal Place of Business

7760 N.W. 50TH ST., BLDG. 9, APT. 109
LAUDERHILL FL 33351

Mailing Address

7760 N.W. 50TH ST., BLDG. 9, APT. 109
LAUDERHILL FL 33351

3. Date Incorporated or Qualified
08/04/1992

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROVINE, NORMAN

7960 N.W. 50TH ST., APT. #109, BLDG. #9
LAUDERHILL FL 33351

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 607.0507, Florida Statutes.

SIGNATURE

(Sign in blue ink on the back of this form, and on the back of any additional pages.)

(Print in blue ink on the back of this form, and on the back of any additional pages.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

ROVINE, MILTON
8415 BELLONA LANE, #308
TOWSON MD

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

ROVINE, NORMAN
7760 N.W. 50TH ST., #109
LAUDERHILL FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

S

ROVINE, BERNICE
7760 N.W. 50TH ST., #109
LAUDERHILL FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Norman Rovine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Rovine / 23 / 96

954-749-7173
Daytime Phone #

CR2E034 (12/95)