

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 # P92000007495 (4)

1. Corporation Name

TYADTTOCS LTD., INC.

FILED

96 JAN 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3000 ISLAND BLVD
#2801
WILLIAMS ISLAND FL 33160
US

Mailing Address

3000 ISLAND BLVD
#2801
WILLIAMS ISLAND FL 33160
US

3. Date Incorporated or Qualified 11/25/1992	3a. Date of Last Report 02/06/1995
4. FEI Number 65-0902824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

BRESLIN, JERRELL A
20801 BISCAYNE BLVD.
1915 HARRISON ST.
HOLLYWOOD FL 33180

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 of the principal name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	SHENFELD, JOAN	
3. STREET ADDRESS	3000 ISLAND BLVD. #2801	
4. CITY-STATE-ZIP	WILLIAMS ISLAND FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 12. NAME	
3. 13. STREET ADDRESS	
4. 14. CITY-STATE-ZIP	
5. 2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. 2. NAME	
7. 2. 3. STREET ADDRESS	
8. 2. 4. CITY-STATE-ZIP	
9. 3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 3. 2. NAME	
11. 3. 3. STREET ADDRESS	
12. 3. 4. CITY-STATE-ZIP	
13. 4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 4. 2. NAME	
15. 4. 3. STREET ADDRESS	
16. 4. 4. CITY-STATE-ZIP	
17. 5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 5. 2. NAME	
19. 5. 3. STREET ADDRESS	
20. 5. 4. CITY-STATE-ZIP	
21. 6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. 6. 2. NAME	
23. 6. 3. STREET ADDRESS	
24. 6. 4. CITY-STATE-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 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: *Joan Shenfeld* JOAN shenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 305 935-4213
Date: Daytime Phone:

CR2E034 (12/95)