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

CODDODATION



FLORIDA DEPARTMENT OF STATE

ANNU	JAL REPORT (Se Se	ndra B. Mortha ecretary of State LOF CORPORA	2			
DOCU 1. Corporation	MENT # P9	3000	015435	(9)				
	TTS ENTERPRISES	INTERNA'	TIONAL INC.			1 188 1188 1 10 1 10 18 11 11 1 1 1 1 1	1 88111 8818) 1086, 811	14 8 8 8 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	:							
Principal Place of Business Mailing Address 1051 FIFTH AVENUE NORTH 1051 FIFTH AV NAPLES FL 33940 NAPLES FL 339					I LODINESO NO SOND MINE BONI DONI EEKN DEID NOOF DINI EIESD MIQ DINI 189)			
						3. Date Incorporated or Qualified 02/23/1993	3a. Date of Le 04/24	st Report /1995
2. Principal Pl	ace of Business		2a. Mailing Address			4. FEI Number 13-2622429	-1	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional
City & State)		City & State			Election Campaign Financing Trust Fund Contribution	\$:	5.00 May Be
Zip 24	Country 25		Ζφ 29	30 Cour	ntry	8. This corporation has liability for in Fiorida Statutes Yes	ntangible tax und	
	9, Name and Address	of Current R	egistered Agent		B1 Name	10. Name and Address of New R	egistered Agent	
RICKETTS, GARFIELD 1051 FIFTH AVENUE, NORTH NAPLES FL 33940				Ĺ	82 Street Address (P.O. Box Number is Not Acceptable)			
11/4 CEC	3 T L 00840			L	83 B4 City		 85	Zip Code
11. Pursuant t	to the provisions of Sections	607.0502 and	d 607.1508, Florida St	atutes, the abov	e-named corpo	vation submits this statement for the num		
or register familiar wit	ed agent, or both, in the Stat th, and accept the obligation	te of Florida. S s of, Section (Such change was auth 607.0505, Florida Stati	orized by the coutes.	orporation's boa	vation submits this statement for the purp and of directors. I hereby accept the appo	intment as regist	ered agent. I am
SIGNATURE _	County on Land and Add and		N		· •			
12.	Signature, typed or printed name of regi OFFIC	CERS AND DI		(NOTE: Registered A	gent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDE	CTORC IN 12
TITLE	D		☐ DELETE	1. 1 TiT	LE	7.00110707011117020100111	Char	
NAME	RICKETTS, GARFIELI 1051 FIFTH AVENUE			1.2 NA	AE .			
STREET ADDRESS	NAPLES FL	NORTH		1.3 STA	EET ADDRESS			ا
CITY-ST-ZIP	D		5 00 5 5		r-ST-2IP			
TITLE NAME	RICKETTS, UNA		☐ DELETE	2. 1 T/T			Char	nge 🗀 Addition 🛚 🤇
STREET ADDRESS	1051 FIFTH AVENUE	NORTH		2.2 NAM				
CITY-ST-ZIP	NAPLES FL				EFT ADDRESS	•		
THILE	D		☐ DELETE	3 1 717	(-S1-ZIP		☐ Char	nge Addition
NAME	MCCASLIN, DAN			3 2 NAM	16			
STREET ADDRESS	1051 FIFTH AVENUE	NORTH		3.3. STF	EET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY	'-ST-ZIP			
TITLE	RICKETTS, GARFIELD	,	☐ DELETE	4, 1 TeT	.E		Char	nge
NAME	1051 FIFTH AVENUE NORTH			4.2 NAN	IE			
STREET ADDRESS	NAPLES FL	.101111			EET ADDRESS			
CITY-ST-Z-P TITLE	ST		☐ DELETE		-ST-ZIP			
NAME	RICKETTS, UNA		□ vereit	5. 17(1)			☐ Chan	ige 🔲 Addition
STREET ADDRESS	1051 FIFTH AVENUE	NORTH		5 2 NAM	I			j
OTTAL EL TIE	NAPLES FL			53 STR	ET ADORESS			

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), Fiorida 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.

54 CITY-ST-ZIP

63 STREET ADDRESS

6 1 THILE

62 NAME

SIGNATURE:

MCCASLIN, DAN

NAPLES FL

1051 FIFTH AVENUE NORTH

CITY-S1-2IP

STHEFT ADDRESS

TITLE

NAME

GARLING RIVLETA

DELETE

4/10/96 (941) 261-3396

☐ Change ☐ Addition