PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P93000058429

Country

9. Name and Address of Current Registered Agent

25

SMITH, BERRY -

1400 LADUE LANE SARASOTA FL 34231

TS INDUSTRIES, INC.

Principal Place of Business 1400 LADUE LANE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SARASOTA FL 34231

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Zip

Mailing Address

PO BOX 19109

SARASOTA FL 34276

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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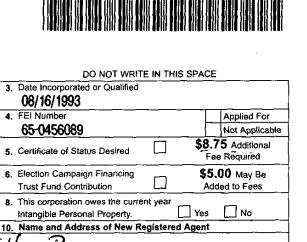
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Zip

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90001 050 ***550.00



Zip Code

85

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

Country

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84 City

Street Address (P.O. Box Number is Not Acceptable)

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applica	ble. (NC	TE: Registered Agent signatur	re required when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Smith, Barry 1400 Lalve Love Scrosofe, FL 34231	Change A. Addition
NAME	SMITH, WILLIAM T		1.2 NAME	Smith, Darry	
STREET ADDRESS	1400 LADUE LANE		1.3 STREET ADDRESS	1400 Laure Core	(50)
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	Scrasofe, FL 34231	
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	SMITH, JOY		2.2 NAME		
STREET ADDRESS	1400 LADUE LANE		2.3 STREET ADDRESS		·.
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE		Change Addition
NAME	SMITH, DON	•	3.2 NAME		
STREET ADDRESS	1400 LADUE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		3.4 CITY-ST-ZIP		
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		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	e grand and		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OT 31D			EARTVET TID		

14. I hereby certify that the information supplied with this filing 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

SIGNATURE: