

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000043083 (2)**

1. Corporation Name

T.S. CAPITAL CORPORATION

FILED
SECRETARY OF STATE
95 JUN -1 AM 11:16

Principal Place of Business

Mailing Address

3400 N. OCEAN DRIVE
PENTHOUSE 6
SINGER ISLAND FL 33404

3400 N. OCEAN DRIVE
PENTHOUSE 6
SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **46 Uno Lago Dr**

26 **46 Uno Lago Dr.**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **Juno Beach, FL**

28 **Juno Beach, FL**

24 **33408**

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29 **33408**

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4. FEI Number **65-0504351** 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. The corporation has liability for intangible tax under § 190.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHROYAN, THOMAS H
3400 N. OCEAN DRIVE
PENTHOUSE 6
SINGER ISLAND FL 33404

**46 Uno Lago Dr.
Juno Beach FL
33408**

81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable) **46 Uno Lago Dr**
83
84 City **Juno Beach** FL 85 Zip Code **33408**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/R
NAME	SHROYAN, THOMAS H.
STREET ADDRESS	3729 S US HWY 1 STE 10 46 UNO LAGO DR.
CITY, ST, ZIP	FT PIERCE, FL 34982 JUNO BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
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NAME	
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CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 110.07(3)(b), 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 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: **Thomas H. Shroyan** 5/29/95. 407-627-5240
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR