

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000047098 (6)**

1. Corporation Name

T. & S. DISTRIBUTING, INC.



Principal Place of Business

**407 GARDENS DRIVE
UNIT 101
POMPANO BEACH FL 33069**

Mailing Address

**407 GARDENS DRIVE
UNIT 101
POMPANO BEACH FL 33069**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**SANDS, TOMMY J
407 GARDENS DRIVE
UNIT 101
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0510272	<input type="checkbox"/> Applied For <input type="checkbox"/> 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	
10. Name and Address of New Registered Agent	
81. Name FL	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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, typed or printed name of registered agent and title (if applicable)

(Note: Registered Agent signature is required when re-stating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

Change Addition

1. TITLE PSD	1.1 TITLE 12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDS, TOMMY J	1.2 NAME 13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 407 GARDENS DRIVE, UNIT 101	1.3 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP POMPANO BEACH FL 33069	2.1 TITLE 22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME 23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.3 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.1 TITLE 32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME 33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.3 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.1 TITLE 42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME 43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.3 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.1 TITLE 52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME 53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.3 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.1 TITLE 62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME 63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.3 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Sands

4-30-96 954-988-2266

Date

Division/Program

0117617

CR2E034 (12/95)

CP