

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048573 (6)

1. Corporation Name
TLS SALES, INC.



Principal Place of Business
248 ALLEN'S RIDGE DRIVE EAST
PALM HARBOR FL 34683

Mailing Address
248 ALLEN'S RIDGE DRIVE EAST
PALM HARBOR FL 34683

3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report
4. FEI Number 59-3327078	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 checked="" 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPAID, THOMAS L
248 ALLEN'S RIDGE DRIVE EAST
PALM HARBOR FL 34683

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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 person for the name of registered agent and the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	STOCKHOLDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS L. SPAID	1.2 NAME	ISABEL A. SPAID
STREET ADDRESS	248 ALLENS RIDGE DR. E.	1.3 STREET ADDRESS	248 ALLENS RIDGE DR. E.
CITY-ST-ZIP	PALM HARBOR, FL 34683	1.4 CITY-ST-ZIP	PALM HARBOR FL. 34683
TITLE	STOCKHOLDER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABEL A. SPAID	2.2 NAME	
STREET ADDRESS	248 ALLENS RIDGE DR. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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), 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: Thomas L. Spaid, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Spaid, Pres. 1/30/96

DATE (Day/Mo/Yr) PHONE #

CR2E034 (12/95)

4-5-96

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RESOLUTIONS ADOPTED BY SOLE DIRECTOR
OF
TLS SALES, INC.

The undersigned, being the sole Director hereby adopts the following resolutions:

- (1) **RESOLVED**, that the following persons be, and they hereby are, elected to the designated offices of the Corporation, to serve until their successors are elected and qualify:

President THOMAS L. SPAID

Vice President THOMAS L. SPAID

Secretary THOMAS L. SPAID

Treasurer THOMAS L. SPAID
- (2) **RESOLVED**, that all the acts taken and resolutions adopted by the Incorporation director are, approved, ratified and adopted.
- (3) **RESOLVED**, that the form of seal submitted to this meeting be, and it hereby is, approved and adopted as and for the corporate seal of this Corporation, and that an impression thereof be made on the margin of these minutes.
- (4) **RESOLVED**, that the specimen form of certificate annexed hereto be, and it hereby is, approved and adopted as the certificate representing the shares of this Corporation.