

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90030 042 \*\*\*158.75

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DOCUMENT # P98000006020

1. Corporation Name  
TNS SERVICES, INC.

Principal Place of Business  
POST OFFICE BOX 822696  
SOUTH FLORIDA FL 33082-2696

Mailing Address  
POST OFFICE BOX 822696  
SOUTH FLORIDA FL 33082-2696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0812550

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

2a. Mailing Address

21 8030 Peters Road, Suite D-105

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Plantation, FL

29 City & State

24 Zip

Country

25 Zip

Country

33324

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, JOHN C JR.  
25 CHESTNUT CIRCLE  
COOPER CITY FL 33026

81 Name

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

83

84 City

FL

85 Zip Code

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President and CEO and Director  
NAME Francine Anderson  
STREET ADDRESS 25 Chestnut Circle  
CITY-ST-ZIP Cooper City, FL 33026

□ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE Vice President and Director  
NAME Renee Grotman  
STREET ADDRESS 2905 Cardinal Drive  
CITY-ST-ZIP Cooper City, FL 33026

□ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE Treasurer and Director  
NAME John C. Anderson  
STREET ADDRESS 25 Chestnut Circle  
CITY-ST-ZIP Cooper City, FL 33026

□ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE Secretary and Director  
NAME Bort Grotman  
STREET ADDRESS 2905 Cardinal Drive  
CITY-ST-ZIP Cooper City, FL 33026

□ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

□ Change

□ Addition

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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John C. Anderson - Treasurer

Date

Daytime Phone #

4/9/99 954/370-2252

CR2E034 (1/198)