

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S67722 (6)
1. Corporation Name
TS MARKETING, INC.



Principal Place of Business 2107 HWY 441 SE OKEECHOBEE FL 34974	Mailing Address 2107 HWY 441 SE OKEECHOBEE FL 34974
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Reserve Park Trace Suite, Apt. #, etc. City & State Port St. Lucie, FL Zip 34986 Country ST Lucie		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 07/22/1991	
22		26		4. FEI Number 59-3079884 Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
26		30			
9. Name and Address of Current Registered Agent JONES, RANDALL A 2176 Reserve Park Trace Port St. Lucie, FL 34986				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JONES, RANDALL A		1.2 NAME Steven R. Carn	
STREET ADDRESS 2176 Reserve Park Trace		1.3 STREET ADDRESS 2176 Reserve Park Trace	
CITY-ST-ZIP Port St. Lucie, FL 34986		1.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secy.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BONZANI, JACQUELINE F		2.2 NAME Barbara Starr	
STREET ADDRESS 2107 HWY 441 SE		2.3 STREET ADDRESS 2176 Reserve Park Trace	
CITY-ST-ZIP OKEECHOBEE FL		2.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 incorporator 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 the statement with an address.

SIGNATURE: V Randall A. Jones 11/14/98 841 763-1419

CR2E034 (10/97)