	PROFIT PORATION AL REPORT 1996			B. Morthamitary of State				
DOCUN D. Corporation I TICKER		<b>/03511</b> :e (TNS), INC.	(5)			· · · · · · · · · · · · · · · · · · ·		
Principal Piace o		;	Mailing Address					
250 Catalon Suite 706 Coral Gable			250 CATALONIA AVE. Suite 706 Coral Gables FL 331	#134		3. Date Incorporated or Qualified	- Tan Date	e of Last Report
Diar	· · · · · · · · · · · · · · · · · · ·					12/30/1991		4/04/1995
2. Principal Plac	e of Business	24 26	a. Mailing Address			4. FEI Number 65-0308 103		Applied For
Suite, Apt. #,	etc.		Suite, Apt. #, etc.			S. Certificate of Status Desired		Not Applicable \$8.75 Additional
2 City & State 3	、	27	City & State	, <u> </u>		<ol> <li>Certilicate of Status Desired</li> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		Fee Required \$5.00 May Be Added to Fees
Zip 4	Countrest 25	ry 29	Zip	Country	у	B. This corporation has liability fo Florida Statutes	or intangible ta es []] No	ix under s. 199.032,
	9. Name and rows.	ess of Current Regi	Istered Agent	81	Name	10. Name and Address of New	Registered #	Agent
PARNER,	JONATHAN H.			82	Stroot Add	ress (P.O. Box Number is Not Accepta	able)	
250 CATA SUITE 700 CORAL G	ALONIA AVE. 6 ABLES FL 33134			83 84	B City		FL	85 Zip Code
250 CATA SUITE 706 CORAL G 1. Pursuant to or registered familiar with, IGNATURE	ALONIA AVE. 6 BABLES FL 33134 the provisions of Sect d agent, or both, in the , and accept the obliga	ations of, Section 607	r.0505, Florida Statutes.	83 84 es, the above- ed by the corp	B City	ration submits this statement for the p of of directors. I hereby accept the ap	DATE	inging its registered office registered agont. I am
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