

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V48605 (2)**
1. Corporation Name
T.O.S. MANUFACTURING, INC.



Principal Place of Business: **5451 S BRYANT AVE SANFORD FL 32773 US**
Mailing Address: **1432 CARRINGTON CT WINTER SPRINGS FL 32708 US**

3. Date Incorporated or Qualified: **06/29/1992**
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business: **21 142 COASTLINE RD.**
Suite, Apt. #, etc.:
22 SANFORD, FLORIDA
City & State
23 32771 **25 SEMINOLE**
Zip Country

4. FEI Number: **59-3134276**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MARLOWE, MICHAEL
1432 CARRINGTON CT
SUITE 200
WINTER PARK FL 32790

10. Name and Address of New Registered Agent
81 Name: MARLOWE, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 1031 W. MORSE BLVD.
83 SUITE 105
84 City: WINTER PARK, FL 85 Zip Code: 32789

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: _____ DATE: _____
Signature typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent's signature required when re-instating.)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, TEM O.	
STREET ADDRESS	1432 CARRINGTON CT	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SUAREZ, JUDY	
STREET ADDRESS	1432 CARRINGTON CT	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT, SECRETARY	
2.3 STREET ADDRESS	SUAREZ, JUDY	
2.4 CITY - ST - ZIP	1432 CARRINGTON COURT	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Judy Suarez** **JUDY SUAREZ** **4/30/96** **407-365-6356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)