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

DOCUMENT # 439751

1. Corporation Name

T. W. R. SALES CORP.

FILED								
Feb 24, 1999 8:00 am								
Secretary of State								
02-24-1999 90138 035 ***150 00								



									 	
Principal Plac	e of Business	Mailing Address				* 1981); 3:555 1:() 5 (9)() 1862) E	.e. ::e: 21\$11 81611		**** 81817 1881	
150 SW 12TH AVE 150 SW 12TH AVE										
STE #440	011 51 00000		STE #440			DO NOT WE	TE IN THIS SP	ACE		
POMPANO BEACH FL 33069 POMPANO BEACH FL US US			1 09		2 Date	Incorporated or Qualifed	TE IN THIS SE	ACE		
					11/	13/1973				
2. Principal P	lace of Business	2a. Mailing Address			4, FEII			Ap	plied For	
21		26			59-	1563788		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				fcate of Status Desired	·	\$8.75 A Fee Re		
City & State		City & State			1	tion Campaign Financing t Fund Contribution		\$5.00 Added to		
Zip	Country	Zip	Cou	intry	R This	corporation owes the curr	ent year Intanc	ible		
24	25 29 30		30	Personal Property Tax.		= = = = = = = = = = = = = = = = = = = =			□No	
	g. Name and Address of Curre			<u> </u>	10. Nam	e and Address of New F	Registered Agr	ent		
HER	MAN ROSE			81 Name	HERMA	W ROSE				
· 1255	S W. ATLANTIC BLVD.		82 Stre			ox Number is the Accept.	(2)			
,,. POM	IPANO BEACH FL 33069			83 S	VITE	440				
,				84 City	mPANO	BEACH	FL	85 Zip C	ode 69	
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 age		i_	Agent signature re	quired when reinstatin		DATE			
12.		ND DIRECTORS	13.		ADDIT	IONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TF	1			L	1 change		
NAME	ROSE (HERMAN)		1.2 N/	1						
STREET ADDRESS			1.3 ST	REET ADDRESS						
CITY-ST-ZIP	POMPANO BCH. FL		_	TY-ST-ZIP		<u> </u>		70	□ Addition	
TITLE	TD	☐ DELETE	2.1 TF	TLE			L] Change	Addition	
NAME	ROSE, MARCIA		2.2 N/	AME		•		•		
STREET ADDRESS	2900 NE 39TH CT		2.3 \$1	TREET ADDRESS	_				ł	
CITY-ST-ZIP	POMPANO BCH. FL		2.40	TY-ST-ZIP			<u>_</u>			
TITLE	SD	☐ DELETE	3 1 TF	TLE			L] Change	Addition	
NAME	POMEROY, STACY R		3.2 NA	AME					\	
STREET ADDRESS	2231 NE 43RD ST		3.3 \$1	REET ADDRESS						
CITY-ST-ZIP	LIGHTHOUSE POINT FL		3.4. C	ITY-\$T-ZIP	,,,,,,,					
TITLE		☐ DELETE	4.1 TC	RE] Change	☐ Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 \$1	TREET ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP						
TITLE		☐ DELETE	5.1 TI	n.E			Ċ	Change	☐ Addition	
NAME			5.2 NA	AME						
STREET ADDRESS			5.3 ST	REET ADDRESS						
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP						
TITLE		☐ DELETE	6.1 TF	TLE				Change	Addition	
NAME			6.2 N	AME					1	
STREET ADDRESS			6.3 ST	REET ADDRESS						

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 is suppliemental 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 the empowered.

SIGNATURE:

| 14/99 | 154-946-63|

6.4 CITY-ST-ZIP

SIGNATURE:

954-946-6363