

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90164 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F93000001894**  
 1. Corporation Name  
**TWYFORD INTERNATIONAL INC.**



Principal Place of Business: 4051 FUDGE RD. APOPKA FL 32712  
 Mailing Address: 15245 TELEGRAPH RD. SANTA PAULA CA 93060 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 04/19/1993  
 4. FEI Number: 04-2807779  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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		
TITLE	P	<input type="checkbox"/> DELETE
NAME	HARTMAN, ROBERT	
STREET ADDRESS	11850 TWITTY ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LONG, SHELLEY	
STREET ADDRESS	15245 TELEGRAPH ROAD	
CITY-ST-ZIP	SANTA PAULA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIROSAWA, TAKAYASU	
STREET ADDRESS	26-1, JINGUMAE 6-CHOME	
CITY-ST-ZIP	TOKYO, 150 JAPAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUZUKI, MASAHIRO	
STREET ADDRESS	26-1 JINGUMAE 6-CHOME	
CITY-ST-ZIP	TOKYO, JAPAN 150	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISHIZAKI, KEIHIRO	
STREET ADDRESS	15245 TELEGRAPH ROAD	
CITY-ST-ZIP	SANTA PAULA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lloyd, Gregory	
1.3 STREET ADDRESS	15245 Telegraph Rd.	
1.4 CITY-ST-ZIP	Santa Paula, Ca.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maclean, Charles	
2.3 STREET ADDRESS	Apartado 429-4005	
2.4 CITY-ST-ZIP	San Antonio de Belen Heredia Costa Rica	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Noboru Onishi	
3.3 STREET ADDRESS	26-1 Jingumae 6-Chome	
3.4 CITY-ST-ZIP	Tokyo, Japan 150	
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		

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: Shelley Long REQUIRES Shelley Long 1-8-99 805-525-7125  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

055497

CR2E034 (11/98)