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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G76787

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TAUC EL	Name					1			
INVO EL	LEVEN, INC.								
rincipal Place	of Business	Mailing Address						er bibli bibli i	
Principal Place of Business Mailing Address 6200 COURTNEY CAMPBELL. STE 600 6200 COURTNEY CAMPBELL. STE 600									
TAMPA FL 336		TAMPA FL 33607	WOLLE, OIL	•••					
						3. Date Incorporated or Qualified		e of Last R	
· · · · · · · · · · · · · · · · · · ·						12/30/1983 4. FEI Number		5/01/199	
Principal Pla	ace of Business	2a. Mailing Address 26				59-2357859			Applied For Not Applicable
Suite, Apt #	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional
		27				5. Certificate of Status Desired	LJ	Feel	Required
City & State	9	Oity & State				6. Election Campaign Financing			May Be
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- Zip]	25	29	30	11. 9			s K]No	an dilaci s	100 002,
	9. Name and Address of Curren		1441			10. Name and Address of New	Registered	Agent	
				81 N	anie				
WILSON, JACK			1	82 S	treet Addr	Address (P.O. Box Number is Not Acceptable)			
	OURTNEY CAMPBELL, STE 600			83	************			· · ·	
TAMPA F	-L 33607			63					
			Ì	84 C	ıty		FL	85 Z	p Code
1 Pursuant t	to the provisions of Sections 607.0502	and 607.1508 Florida Statu	ites, the abov	L ve⊹nan	ed corpor	ration submits this statement for the p	urpose of ch	anging its r	registered offic
or register	red agent, or both, in the State of Floric th, and accept the obligations of, Secti	(ii) Such change was author	ized by the o	ornora	ion's hop	ird of directors. Thereby accept the ac	pointment a	s registered	Lagent. Lam
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certify that the information indicated on this annual report or supplementa' annual report is true and accurate and that my signature shall have the same legal effect as if made unde oath; that I am an officer or director of the corporation or the receiver on 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.

TWC Eleven: Inc.

GNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra F. Koehler, Senior Vice President

Debra F. Koehler, Senior Vice President SIGNATURE: By: