

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043306 (7)**

1. Corporation Name
TELEWORLD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4801 S. UNIVERSITY DR. #310 FT. LAUDERDALE FL 33328	4801 S. UNIVERSITY DR. #310 FT. LAUDERDALE FL 33328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/01/1994	3a. Date of Last Report
4. FEI Number 65-0506679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Country	28 Zip
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

ROSS, SYLVETTE
4801 S. UNIVERSITY DR.
#310
FT. LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

81 Name ROBERT SKLAR
82 Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DRIVE
83 # 310
84 City FT. LAUDERDALE FL
85 Zip Code 33328

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robert Sklar* (NOTE: Registered Agent signature required when registering) DATE: **4/18/94**

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SKLAR, ROBERT Z
STREET ADDRESS	4801 S. UNIVERSITY DR.
CITY - ST - ZIP	FT. LAUDERDALE FL 33328
TITLE	D
NAME	SKLAR, JOAN S
STREET ADDRESS	4801 S. UNIVERSITY DR.
CITY - ST - ZIP	FT. LAUDERDALE FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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/ta hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 I am retiring or to be discharged with an address.

SIGNATURE: *Robert Sklar* DATE: **4/18/94** TELEPHONE NUMBER: **305-434-9774**