

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000032480 (0)**
 1. Corporation Name
TW-AIR, INC.



Principal Place of Business: **244-3 ISLANDS BLVD. SUITE #312 HALLANDALE FL 33009**
 Mailing Address: **244-3 ISLANDS BLVD. SUITE #312 HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1749 E. HALLANDALE BCH BLVD**
 Suite, Apt. #, etc.
 22 **SUITE 296**
 City & State
 23 **HALLANDALE FL**
 Zip Country
 24 **33009** 25 **BROWARD**

2a. Mailing Address
 26 **5176 WESTFORD CT**
 Suite, Apt. #, etc.
 27
 City & State
 28 **RIVERSIDE CA**
 Zip Country
 29 **92505** 30 **RIVERSIDE**

3. Date Incorporated or Qualified
04/10/1997

4. FEI Number
33-0751871
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ROSSELET, JOSEPH
244-3 ISLANDS BLVD.
SUITE #312
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
 81 Name **JOSEPH ROSSELET**
 82 Street Address (P.O. Box Number is Not Acceptable)
1749 E. HALLANDALE BCH BLVD
 83 **SUITE 296**
 84 City **HALLANDALE** FL 85 Zip Code **33009**

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: *Tom Ziemer* DATE: **4-27-98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	ZIEMER, TOM W
STREET ADDRESS	5176 WESTFORD COURT
CITY-ST-ZIP	RIVERSIDE CA 92505
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	
TITLE	<input type="checkbox"/> DELETE
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 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.

SIGNATURE: *Tom Ziemer* DATE: **4-27-98** (ind) 604-0694

CR2E034 (10/97)