

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 95 JAN 27 PM 3:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S45146 (5)

1. Corporation Name
TRANSWORLD HOLDINGS, INC.

Principal Place of Business 2150 BREngle AVENUE ORLANDO FL 32808-5630	Mailing Address 2150 BREngle AVENUE ORLANDO FL 32808-5630
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/15/1991	3a. Date of Last Report 04/29/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3064830	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEVERALL, ROBERT M. 2150 BREngle AVENUE ORLANDO FL		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ DATE _____
Signature, first or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROPEZA, FRANK C.	1.2 NAME	
STREET ADDRESS	2150 BREngle AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROPEZA, ANNE S.	2.2 NAME	
STREET ADDRESS	2150 BREngle AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROPEZA, FRANK W.	3.2 NAME	
STREET ADDRESS	2150 BREngle AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERALL, ROBERT M.	4.2 NAME	
STREET ADDRESS	2150 BREngle AVENUE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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)(a), 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 in an attachment with an address.

SIGNATURE:  1/20/95 457-298-4363
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR