

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **04/15/1991**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3064830		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	Zip	25	Country	29	Zip	30	Country

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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OROPEZA, FRANK C.			12 NAME			
STREET ADDRESS	2150 BRENGLE AVENUE			13 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			14 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OROPEZA, ANNE S.			22 NAME			
STREET ADDRESS	2150 BRENGLE AVENUE			23 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			24 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OROPEZA, FRANK W.			32 NAME			
STREET ADDRESS	2150 BRENGLE AVENUE			33 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			34 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEVERALL, ROBERT M.			42 NAME			
STREET ADDRESS	2150 BRENGLE AVENUE			43 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6. 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 119.07(3)(k), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)