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FILED
Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 411724 (8)

1. Corporat on Name
TWI, INC.



Principal Place of Business Mailing Address
LEE CHARLOTTE CO LINE & US 41 **LEE CHARLOTTE CO LINE & US 41**
P. O. DRAWER 4357 **P. O. DRAWER 4357**
N. FT MYERS FL 33918-4357 **N. FT MYERS FL 33918-4357**

3. Date Incorporated or Qualified **10/30/1972** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **59-1836913** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
STINTZI, ROBERT E.
RT #2 BOX 880
PUNTA GORDA FL 33953

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STINTZI, ROBERT E	
STREET ADDRESS	17200 TAMiami TrL.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	STINTZI, SHARI	
STREET ADDRESS	17200 TAMiami TrL.	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, PABLO	
STREET ADDRESS	6310 SITKA ST. W. REAR	
CITY - ST - ZIP	TAMPA FL	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sherri m Turpin	
2.3 STREET ADDRESS	1502 Ann Ballard Rd	
2.4 CITY - ST - ZIP	Tampa Fl 33634	
3.1 TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ruth A. MalloreY	
3.3 STREET ADDRESS	1834 N.W. 5th Pl	
3.4 CITY - ST - ZIP	CAPE Coral, Fl. 33993	
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 do 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: *Robert E. Stintzi* **Robert E. Stintzi** **3-4-97**

CR2E034 (9/96)