

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

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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 646426 (7)

1. Corporation Name
TEAM INTRAWORLD MARKET COMPANY, INC.

Principal Place of Business
P.O. BOX 968
CRESCENT CITY FL 32112

Mailing Address
P.O. BOX 968
CRESCENT CITY FL 32112-0968



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1979		3a. Date of Last Report 04/10/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1954821		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		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 NEWBOLD, JOHN R. JR. RT. 2 BOX 105 (OLD HWY 17) CRESCENT CITY FL 32112				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. City			
85. Zip Code				FL			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	AUSTIN, JACK		1.2 NAME				
STREET ADDRESS	17725 WILLIS V MCCALL RD		1.3 STREET ADDRESS				
CITY - ST - ZIP	UMATILLA FL		1.4 CITY - ST - ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NEWBOLD, JOHN R. JR		2.2 NAME				
STREET ADDRESS	RT 2 BOX 105 OLD HWY 17		2.3 STREET ADDRESS				
CITY - ST - ZIP	CRESCENT CITY FL		2.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	AUSTIN, KRAMER		3.2 NAME				
STREET ADDRESS	17725 WILLIS V MCCALL RD		3.3 STREET ADDRESS				
CITY - ST - ZIP	UMATILLA FL 32784		3.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NEWBOLD, JOHN R. III		4.2 NAME				
STREET ADDRESS	RT 2 BOX 72 HWY 17		4.3 STREET ADDRESS				
CITY - ST - ZIP	CRESCENT CITY FL 32112		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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: John R. Newbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 (904) 698-4674
Date Daytime Phone #

CR2E034 (9/96)