


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90117 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 825463 1. Corporation Name TRANS WORLD ASSURANCE COMPANY					
Principal Place of Business 885 SOUTH EL CAMINO REAL SAN MATEO CALIFORNIA 94402			Mailing Address 885 SOUTH EL CAMINO REAL SAN MATEO CALIFORNIA 94402		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/08/1970 4. FEI Number 94-1567745 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SOUTHERLAND, L.B. 3815 LYNN ORA DR. PENSACOLA FL			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	VD	<input type="checkbox"/> DELETE			
NAME	WOODBURY, C.P. III				
STREET ADDRESS	4060 BARRANCAS AVE				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ROYALS, N.E.				
STREET ADDRESS	#18 PORT ROYAL WAY				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ROYALS, C.B.				
STREET ADDRESS	800 26TH AVENUE				
CITY-ST-ZIP	SAN MATEO, CA 94402				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	BARTLETT, EARL JR				
STREET ADDRESS	1817 CANYON OAK COURT				
CITY-ST-ZIP	SAN MATEO, CA 94402				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HARRISON, CAROL B.				
STREET ADDRESS	4060 BARRANCAS AVE				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HESS, M.				
STREET ADDRESS	4060 BARRANCAS AVE.				
CITY-ST-ZIP	PENSACOLA FL				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS		4060 Barrancas Avenue			
2.4 CITY-ST-ZIP		Pensacola, Florida 32507			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		Vrooman, M. A.			
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, with all other like empowered.

SIGNATURE *Mary A. Vrooman* Mary A. Vrooman, Treasurer

1/07/99

850-456-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #