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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED					
Jan 26 1998 8:00am					
Secretary of State					

DOCUI	MENT # <b>F06331</b>	(5)				
TAMPA-TRANS WORLD AIRWAYS, INC.						
Principal Place	e of Business	Mailing Address		{	l Bibli bibli bibli bibli bibli ibbl	
+00 CLEVELAND STREET + 400 CLEVELAND STREET						
P.O. BOX 3921 P.O. BOX 3921 CLEARWATER FL 34630 CLEARWATER FL 34630 P.O. BOX 3921 CLEARWATER FL 34630 P.O. B				DO NOT WRITE IN 3	"HIS SPACE	
GLEARWATER	FL 34030'3-	CLEARWATER FL 34630-		3. Date Incorporated or Qualified	THOCKNOL	
				11/20/1980		
2. Principal P	lace of Business	2a. Mailing Address	<i>C</i> -1	4. FEI Number	Applied For	
		26 625 Court Street		59-2052052	Not Applicable	
Suite. Apt. #, etc. 22 P.O. Bonc 3921		Suite, Apt. #, etc. 27 PO Box 3921		5. Certificate of Ştatus Desired	\$8.75 Additional Fee Required	
City & State  23 Clearwoll FL		City & State 28 CLOCKETER FC		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pald th		
24 3370			10 USA	Personal Property Tax due June 30.	Yes No	
105	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Register	ered Agent	
	RTIN, JAMES A., JR.					
	<del>) Cleveland-ST</del>		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER PL 655157			83			
			84 Citya #		ar 7in Code	
			The the		FL 35 Zip Code 73757	
11. Pursuant	to the provisions of Sections 607,0502	and 607, 1508, Florida Statutes	the above-named corp	oration submits this statement for the purpo	se of changing its registered	
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 the Manager of the State of	Registered Agent signature require		NTE .	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MARTIN, JAMES A., JR.		1.2 NAME	_	(2	
STREET ADDRESS	400 CLEVELAND ST		1.3 STREET ADDRESS 6	25 count ft. 2d Flo		
CITY-ST-ZIP	CLEARWATER, FL 00000	Classes.	1.4 CITY-ST-ZIP		337 <i>5</i> 7	
TITLE		☐ DELETE	2.1 TITLE		L_ Change L_ Addition C	
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY - ST-ZIP			2. 4 City-St-ZIP	, .		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change  Addition	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME ]			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP	<del></del>	·	5.4 CITY-ST-ZIP			
TITLE		L DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		}	
t4. I hereby c	ertity that the information supplied with	this filing does not qualify for	■ 6.4 CITY-ST-ZIP the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I furth	er 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 cath; 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: MULLI MARTINI MULLIRED 1/8/98 8134441408						