

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

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Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002286 (3)**

1. Corporation Name  
**TWI-BRADENTON, INC.**

Principal Place of Business <b>ONE ERIEVIEW PLAZA, #1300 CLEVELAND OH 44114</b>	Mailing Address <b>ONE ERIEVIEW PLAZA, #1300 CLEVELAND OH 44114-1783</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1993</b>	3a. Date of Last Report <b>05/14/1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State	4. FEI Number <b>31-1376149</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code <b>FL</b>	

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMACK, MARK A	1.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, #1300	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114	1.4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFAYE, ARTHUR J JR.	2.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA, #1300	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARFAGNA, PETER A	3.2 NAME	<b>CARFAGNA, PETER A</b>
STREET ADDRESS	ONE ERIEVIEW PLAZA, #1300	3.3 STREET ADDRESS	<b>ONE ERIEVIEW PLAZA #1300</b>
CITY - ST - ZIP	CLEVELAND OH	3.4 CITY - ST - ZIP	<b>CLEVE, OHIO 44114</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBIRNE, DAVID A.	4.2 NAME	<b>OSBORNE, DAVID A. JR.</b>
STREET ADDRESS	ONE ERIEVIEW PLAZA, #1300	4.3 STREET ADDRESS	<b>ONE ERIEVIEW PLAZA #1300</b>
CITY - ST - ZIP	CLEVELAND OH	4.4 CITY - ST - ZIP	<b>CLEVE, OH 44114</b>
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 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 a 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 in an attachment with an address.

SIGNATURE: David A. Osborne, Jr. DATE: 4/14/97

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID A. OSBORNE, JR. TREASURER

CR2E034 (9/96)