

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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005016 (0)

1. Corporation Name

TWC, INC.

Principal Place of Business

Mailing Address

~~125 E BAKER ST~~ **666 BAKER ST.**  
~~120 WEST~~ **STE 101**  
 COSTA MESA CA 92626  
 US

~~125 E BAKER ST~~ **666 BAKER ST**  
~~120 WEST~~ **STE 101**  
 COSTA MESA CA 92626  
 US



2. Principal Place of Business

2a. Mailing Address

21 **666 BAKER ST**  
 Suite, Apt. #, etc.

26 **666 BAKER ST**  
 Suite, Apt. #, etc.

22 **SUITE 101**  
 City & State

27 **SUITE 101**  
 City & State

23 **COSTA MESA, CA**  
 Zip Country

28 **COSTA MESA, CA**  
 Zip Country

24 **92626** 25 **USA**

29 **92626** 30 **USA**

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**09/28/1994**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**88-0299271**

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	NIELSEN, G H	
STREET ADDRESS	125 E BAKER ST SUITE 120-W	
CITY-ST-ZIP	COSTA MESA CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ANDERSON, DENNIS J	
STREET ADDRESS	125 E BAKER ST SUITE 120-W	
CITY-ST-ZIP	COSTA MESA CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPICER, GREGORY M	
STREET ADDRESS	125 E BAKER ST SUITE 120-W	
CITY-ST-ZIP	COSTA MESA CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P-ONLY ANDERSON, DENNIS J</b>
2.3 STREET ADDRESS	<b>666 BAKER ST STE 101</b>
2.4 CITY-ST-ZIP	<b>COSTA MESA, CA 92626</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CD GREGORY SPICER</b>
3.3 STREET ADDRESS	<b>666 BAKER ST</b>
3.4 CITY-ST-ZIP	<b>COSTA MESA, CA 92626</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DALE LEWIS</b>
4.3 STREET ADDRESS	<b>666 BAKER ST STE 101</b>
4.4 CITY-ST-ZIP	<b>COSTA MESA, CA 92626</b>
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:

*(DALE LEWIS)*

4/16/97

714 438 7200

CR2E034 (9/96)