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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M74252

(1)

Mailing Address

TWC SIXTY-TWO, INC.

Principal Place of Business

LILED
May 15 1998 8:00am
Secretary of State

CH CD



% JACK WILS 6200 COURTN TAMPA FL 33	IEY CAMPBELL CSWY., STE. 600	% JACK WILSON 6200 COURTNEY CAMPBELL CSWY., STE. 600 TAMPA FL 33607			E. 600	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1988		
2. Principal Place of Business 2a. Mailing Add			oss			4, FEI Number Applied For		
21		26	·			59-2886279 Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State 23	0	City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zір 29	30 Cou	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
WIL	SON, JACK			81	Name			
6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600				82	Street A	Address (P.O. Box Number is Not Acceptable)		
	MPA FL 33607			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								
	Signature, typed or provind name of registered age			d Ageni	signature	required when reinstating) DATE		
12.	OFFICERS AND	DELETE DELETE	13. 1.1 Till	r, r		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME	dp t Wilson , Jack	-				Change C Addition		
STREET ADDRESS 6200 COURTNEY CAMPBELL			1.2 NAME 1.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP TAMPA FL				1.4 CITY-ST-ZIP				
TITLE	O KXDELETE			21 TITLE		Change Addition		
NAME	WILSON, CAROLYN		2.2 NA	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	TAMPA FL			2. 4 CITY-ST-ZIP				
TITLE	VS L] DELETE			3.1 TITLE		LJ Change L Addition		
NAME	KOEHLER, DEBRA F.			3.2 NAME				
	STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	3.4. CI 4.1 TIT	ITY-ST	- ZIP	Change Addition		
NAME	MITCHELL, STEPHEN J.			4.2 NAME		E vienge E reduiteit		
STREET ADDRESS	ONE TAMPA CITY CENTER				DDRESS			
CITY-ST-ZIP	TAMPA FL			TY-ST-	-			
TITLE				5.1 TITLE		Change Addition		
NAME	WELCH, GARY E		5.2 NA	5.2 NAME				
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600			5.3 \$1	5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 01	IY-\$1-	ZIP			
TITLE	V DELETE 6.		6.1 T(T	TLF		Change Addition		
NAME	BOWERS, CHRISTOPHER G		6.2 NA	ME				
STREET ADORESS	6200 COURTNEY CAMPBELL	Causeway, #600	6 3 ST	REE I A	DORESS			
CITY-\$T-ZIP	TAMPA FL		6.4 CIT	TY-\$1-	ZIP			

14. Thereby 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 suppliemental 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, of on an attachment with an address.

Debra F. Krahler