

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M97854**

(7)

1. Corporation Name:

TWC SIXTY-THREE, INC.



Principal Place of Business

**700 UNIVERSE BLVD
ATTN: COYLE, DENNIS. P
JUNO BEACH FL 33408
US**

Mailing Address

**C/O DENNIS P COYLE
11770 U.S. HWY ONE, POB 08801
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

2a. Mailing Address

700 UNIVERSE BLVD.

3. Date Incorporated or Qualified

09/09/1988

3a. Date of Last Report

04/10/1995

4. FEI Number

59-2908711

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

ATTN: DENNIS P. COYLE

22 City & State

27 City & State
JUNO BEACH, FL

23 Zip

Country

28 Zip

Country

33408

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNES, ROBERT L.
2655 MCCORMICK DRIVE
CLEARWATER FL 34619**

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when not stating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	HERTZ, JAMES E.	
STREET ADDRESS	11770 U.S. HIGHWAY ONE	
CITY-STATE-ZIP	NORTH PALM BEACH FL	
TITLE	DVTS	☐ DELETE
NAME	COLLINS, STEPHEN M.	
STREET ADDRESS	11770 U.S. HIGHWAY ONE	
CITY-STATE-ZIP	NORTH PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dennis P. Coyle

03/01/96

(407) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)