SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Aug 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # TWS SYSTEMS, INC. Principal Place of Business Mailing Address 1511 N. WESTSHORE BLVD 1511 N WESTSHORE BLVD **SUITE 525** STE 525 **TAMPA FL 33607** DO NOT WRITE IN THIS SPACE **TAMPA FL 33607** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/15/1991 07/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 38-2719534 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 ___ 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STAPLETON, TERRANCE W. Name Robert E. LaPlant, C.P.A. 10204 BAYBREEZE COURT Street Address (P.O. Box Number is Not Acceptable)
201 East Kennedy Blvd., Suite 715 82 **TAMPA FL 33615** 83 84 City Zip Code 33602 85 Tampa, 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 ed agent and title if applicable (NOTE: Rogistered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 TITLE ☐ DELETE 111016 Change ■ Addition STAPLETON, TERRANCE W. NAME 1.2 NAME CR2E034 10204 BAYBREEZE CT. STREET ADDRESS 1.3 STREET ADDRESS **TAMPA, FL 33615** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.11016 Change Addition TITLE STAPLETON, JEAN NAME 2.2 NAME 10204 BAYBREEZE CT. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA, FL 33615** CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE TITLE 3.1701E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 THLE Change Addition NAME 4. 2 NAME STREET ADDPESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 THUE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TO LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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)(j). 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.

FILED