FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	CORPORATION Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCU 1. Corporation	MENT # P940 0	00042297	(9)				
TWG P	AINTING, INC.					1 188111881 118 18161 8(61) 88(1) 88(1)	ili 80iži dāriji ārdis atāja riajā istir rass tass
Principal Place	of Purinose	Nation Address					
3405 SHERW		Mailing Address					
DELRAY BEA		3405 SHERWO DELRAY BEAC					
						3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2n Mailine Aulei				06/06/1994	04/13/1995
21	ace of business	2a. Mailing Addr	ess			4. FEI Number 65-0498421	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #	etc.			5. Certificate of Status Desired	Not Applicat \$8.75 Additional
22		27		·			Fee Required
City & State		Oity & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<u> </u>	ountry	,	8. This corporation has liability fo	r intangible tax under s 199.032,
24	9. Name and Address of Curi	rent Registered Agent	30	_		Florida Statutes Ye 10. Name and Address of New	es No
				81	Name	TO. Name and Address of New	Registered Agent
GALLO,	TODD W			82	Stroot Ad	Ideaco (D.C. Day Nuccha is Net Asset	-1.1.3
3405 SHERWOOD BLVD.				Sireer Au	ldress (P.O. Box Number is Not Accepta	ab'e)	
DELRAY	BEACH FL 33445			83	,		
				84	City		85 Zip Code
11 Pursuant t	to the provisions of Castings CO7 OF	00			L		FL I '
l or register	an agent of both in the state of the	ionoa. Such change was i	autriorized by the	corp	named corp oration's bo	oration submits this statement for the poard of directors. I hereby accept the ap	urpose of changing its registered off pointment as registered agent. I am
SIGNATURE	th, and accept the obligations of, Se	ection 607,0505, Florida	Statutes.				
	Signature, typed or printed name of registered ag	joint and the Lapphealite	(NOTE Begister	od Age	n: signature requ	med when remstating	DATE
12.	T	AND DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
Trite	PSTD	☐ DELI		TITLE			Change Addition
NAME STREET ADDRESS	Gallo, todd w 3405 Sherwood Blvd.		ľ	NAME			
CITY-ST-ZIP	DELRAY BEACH FL 33445				ADDRESS		
TITLE	VILE PRESIDE	JT DELL		CITY-S TITLE	st - ZiP		Change Addition
NAME	GATE POTTRAS			NAME			C change C Accustor
STHEET ADDRESS	3405 SHIRWOOD	BLVD			ADDRESS		
CITY - ST - ZIP	DECRAY BRACH, F	-1. 33498	2.4	CiTY - S	S1 - 21P		
TITLE	VICE PRESIDEN		TE 3 1	TITLE			☐ Change ☐ Addition
NAME	JAMES BLACKLE		32	NAME			
STREET ADDRESS	3405 SHERWOO		33	STREE	FADDRESS		
CITY-ST-ZIP TITLE	DELRAY BEACH,			CITY - S	17 - ZIP		
NAME		☐ DELF		THILE	ļ		Change Addition
STREET ADDRESS			4	NAME SERECT	ADDRESS		
CITY-ST-ZIP				STREET C'TY-S			
TITLE		☐ DELE	1.4	TITLE	11 - 47F		Change Addition
NAME		_		NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CHY-S	T · ZiP		
TITLE		☐ DELE	1E 6 1	HILE			Change Add tion
NAME			6.2	NAME	1		

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 this 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 in changed, or one attachment with an address.

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED TO 3 13/96 (41) 496 7403

STREET ADDRESS

CITY-ST-ZIP