FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000067591

1. Corporation Name

TWKC, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business
21 7120 S. Beneva Road
22 Suite, Apt. #, etc
23 City & State: Sarasota, FL
24 Zip: 34238
25 Country: USA

2a. Mailing Address
26 7120 S. Beneva Road
27 Suite, Apt. #, etc
28 City & State: Sarasota, FL
29 Zip: 34238
30 Country: USA

3. Date Incorporated or Qualified: 09/13/1994

3a. Date of Last Report:

4. FEI Number: 65-0524145 — [ ] 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. 199.042 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: John R. Peshkin
82 Street Address (P.O. Box Number is Not Acceptable): c/o Taylor Woodrow Communities
83 7120 S. Beneva Road
84 City: Sarasota FL 85 Zip Code: 34238

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: _____ DATE: _____
Signature of the listed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY ST ZIP	DP Peshkin, John R. 7120 S. Beneva Road Sarasota, FL 34238	[X] Change [ ] Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY ST ZIP	DVPT Clayton, Kathryn B. 7120 S. Beneva Road Sarasota, FL 34238	[X] Change [ ] Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY ST ZIP	S Maloney, Kathie 7120 S. Beneva Road Sarasota, FL 34238	[ ] Change [X] Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY ST ZIP		[ ] Change [ ] Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY ST ZIP		[ ] Change [ ] Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY ST ZIP	200001774792 -04/10/96--01013--007 ***200.00	[ ] Change [ ] Addition

CR2E034 (12/95)

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: _____ 3/28/96 941-927-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

John R. Peshkin

4-9-96