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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000067591 (5)

Mailing Address

TWKC, INC.

Principal Place of Business

FILED
Apr 29 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE

7120 S. BENE SARASOTA FI		7120 S. BENEVA ROAD Sarasota Fl. 34238			20105			
บร		US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 09/13/1994			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0524145	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27			6. Certificate of Status Desired	Fee Required		
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	28				Trust Fund Contribution	Added to Fees		
Zip	Country	Z _I p	Countr	у	8. This corporation owes or has paid the curr	rent year Intangible		
24	25	29	30			Yes 🔲 No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
PES	SHKIN, JOHN R.		81	81 Name				
712	0 S. BENEVA ROAD		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
SUI	TE 2000		"		(Cooperation)			
	RASOTA FL 34238		83					
				 		Ta-1 - a a		
			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 registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.	laur eißustrue inc	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
TOTLE	DP	DELETE	1.1 TITLE		A STATE OF THE STA	Change Addition		
NAME	PE SHKIN, JOHN R		1.2 NAME	i				
STREET ADDRESS	7120 S. BENEVA ROAD			F ADDRESS				
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE	ST-ZIP		Change Addition		
	CLAYTON, KATHRYN B					ET Monton		
NAME	7120 S. BENEVA ROAD		2.2 NAME					
STREET ADDRESS	SARASOTA FL			T ADDRESS				
CITY-ST-ZIP		DELETE	2. 4 CITY	ST-ZIP		Chara Addition		
TITLE	S MALONEV MATCHE	T' DECE IE	3.1 TITLE	ľ		Change Addition		
NAME	MALONEY, KATHIE		3.2 NAME					
STREET ADDRESS	7120 S. BENEVA ROAD			T ADDRESS				
CITY-ST-ZIP	8ARASOTA FL 34238	Drieze	3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Obsess		
TITLE		☐ DELETE	4.1 TITLE			Change Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	-		Change Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	[Change Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS		ļ		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				
	ertify that the information supplied y	with this filing does not qualify to			in Section 119.07(3)(i), Florida Statutes, Lifurther cer	tify that the information		

indicated on this annual report or supplier with this mining does not quality for the exemption stated in Section 119.07(3)), Florida Statutes. I further certify that the information indicated on this annual report or supplierental 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.

CIONATURE.

4-15-98 (941)92