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FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000068733 (2)

1. Corporation Name
LTW, INC.



Principal Place of Business: **545 DELANEY AVENUE, BLDG. #4 BLDG 6 ORLANDO FL 32806 US**
 Mailing Address: **P O BOX 2501 ORLANDO FL 32802 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 2699 REMINGTON Blvd**
 Suite, Apt. #, etc.: [blank]
 City & State: **23 KISSIMMEE, FL**
 Zip: **24 34744** Country: **25 USA**

3. Date Incorporated or Qualified: **09/16/1994**
 4. FEI Number: **59-3268396**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
WEBB, JOHN L
545 DELANEY AVENUE, BLDG. #4
BLDG 6
ORLANDO FL 32806

10. Name and Address of New Registered Agent
 81 Name: [blank]
 82 Street Address (P.O. Box Number is Not Acceptable): **1312 COUNTRY LN**
 83 [blank]
 84 City: **ORLANDO** FL 85 Zip Code: **32804**

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]* **JOHN L WEBB** **4/13/98**
 Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCAS, LARRY W	
STREET ADDRESS	8001 WINDPINE ST.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, JOHN L	
STREET ADDRESS	1312 COUNTRY LANE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAMELL, JOE B	
STREET ADDRESS	720 N. RIO GRANDE AVE.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4/13/98** **407-844-0835**
 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0100427

CR2E034 (10/97)