

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS                              |                                                                                                                                                                               |
| <b>DOCUMENT #</b> P94000075377 (9)<br>1. Corporation Name<br>Trans World Group of Companies, Incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                               |
| Principal Place of Business<br>107 S.W. 17th Street<br>Suite "H"<br>Okeechobee, FL 34974                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | Mailing Address<br>107 S.W. 17th Street<br>Suite "H"<br>Okeechobee, FL 34974                                                                                                                                            |                                                                                                                                                                               |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                                                                                                      |                                                                                                                                                                               |
| 3. Date Incorporated or Qualified<br>10-13-94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 3a. Date of Last Report<br>6-8-95                                                                                                                                                                                       |                                                                                                                                                                               |
| 4. FEI Number<br>59-3271455                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          | Applied For<br>Not Applicable                                                                                                                                                                                           |                                                                                                                                                                               |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          | \$8.75 Additional Fee Required                                                                                                                                                                                          |                                                                                                                                                                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | \$5.00 May Be Added to Fees                                                                                                                                                                                             |                                                                                                                                                                               |
| 7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                               |
| 8. Name and Address of Current Registered Agent<br>Daniel L. Hefner<br>2600 Williams Road<br>Brandon, FL 33510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | 10. Name and Address of New Registered Agent<br>81 Name Moseley C. Collins<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>107 S.W. 17th Street, Suite "H"<br>83<br>84 City Okeechobee FL 85 Zip Code 34974 |                                                                                                                                                                               |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.<br>SIGNATURE <i>[Signature]</i> DATE 5/2/96                                                                                                                                                      |                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                               |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Director <input checked="" type="checkbox"/> DELETE<br>Edwards, Olen<br>P.O. Box 87<br>Indiantown, FL 34956              | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP                                                                                                                                                      | Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Mosley C. Collins<br>107 S.W. 17th Street, Suite H<br>Okeechobee, FL 34974 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Director <input checked="" type="checkbox"/> DELETE<br>Hefner, Daniel<br>2600 Williams Road<br>Brandon, FL 33510         | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                                                                                                      | Ex. V.P. & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Leonard H. Handley<br>2609 Orange Grove Drive<br>Sebring, FL 33870        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Director <input checked="" type="checkbox"/> DELETE<br>Sandra W. Handley<br>2609 Orange Grove Drive<br>Sebring, FL 33870 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                                                                                      | Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>John McClellan<br>1401 Bliss Street<br>Avon Park, FL 33825                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> DELETE                                                                                          | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> DELETE                                                                                          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4000018222004<br>-05/15/96--01049--001<br>***233.75                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> DELETE                                                                                          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5-14-96                                                                                                  |
| 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 119.073(h), 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: <i>[Signature]</i><br>MOSELEY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Moseley C. Collins, President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          | 5/2/96 (941) 763-1600<br>Date System Phone #                                                                                                                                                                            |                                                                                                                                                                               |

CR2034 (12/95)