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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90234 033 ***150.00

E LONG PLANTA DE L'ENGLE GERRE DERICE DOUGLE GRANT BRIEF L'ENLE LEVER BLIGH RICHE FERRE (EUR LE FRANCE L'ENGLE

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Daytime Phone #

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082557

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

TWC EIGHTY-TWO DEVELOPMENT, INC.

Principal Place of Business Mailing Address						(1991/08) TO SELL OFFICE BOTT BOTT GOIDS INTO	3100 C 04101 C	1141 1001 1001	
6200 COURTNE SUITE 600 TAMPA FL 3360	Y CAMPBELL CAUSEWAY	6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607				DO NOT WRITE IN THIS SPA	ACE		
TRIMENT C SOOT						3. Date Incorporated or Qualifed			ı
						11/10/1994			l
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	
21		26				59-3280571		Applicable	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	8.75 A	1	Ì
City 8 State		City & State	City & State			- Flatter Control Financia			ı
City & State	е	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 A Added to	-	ì
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangi	ble		
24	25	29 30				Personal Property Tax.	Yes	□ <u>No</u>	
•	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	nt	_	
14/11 0	ON HOK			81	Name				
WILSON, JACK			t	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	COURTNEY CAMPBELL CAUSEV	VAT	1					_	ŀ
	ITE 600 -			83					
IAM	PA FL 33607		ŀ	84	City	FL ⁸	5 Zip C	ode	
		1007 4500 51-14-01-4	44				nging its	redistered	
l office or n	egistered agent, or both, in the State of	f Florida. Such change was auth	ionzed	by t	-named cor he corporat	rporation submits this statement for the purpose of char tion's board of directors. I hereby accept the appointme	ent as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statu	tes.					
SIGNATURE		Alore o	aintered i	Agont	olanoturo maul	ired when reinstating) DATE			۔ ا
40	Signature, typed or printed name of registered agent OFFICERS AND	_	13.	Agent	signature requi	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO		Ş
TITLE	DPT	DELETE	1.1 TITI	LE			Change	☐ Addition	3
NAME	This a 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			ME					
STREET ADDRESS	6200 COURTNEY CAMPBELL CA	AUSFWAY	1.3 STF	REET	ADDRESS				1
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP						2
TITLE	VS DELETE		2.1 TITLE				Change	Addition	٦
NAME			2.2 NA	ME					
STREET ADDRESS				REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			2. 4 CITY+ST-ZIP					
TITLE				3.1 TITLE			Change	☐ Addition	
NAME	BOWERS, CHRISTOPHER G 33			ME					ı
STREET ADDRESS	6200 COURTNEY CAMPBELL CA	AUSEWAY, #600	3.3 STF	REET.	ADDRESS)	Ì
CITY-ST-ZIP	TAMPA FL		3.4. CIT	3.4. CITY-ST-ZIP					
TITLE	V	☐ DELETE	4.1 TITI	LE			Change	Addition	l
NAME	WELCH, GARY E			4. 2 NAME					
STREET ADDRESS	6200 COURTNEY CAMPBELL CA	AUSEWAY, #600	4.3 STF	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		-ZIP				l
TITLE		☐ DELETE	5.1 TIT				Change	Addition	l
NAME			5.2 NAJ	ME					
STREET ADDRESS			5.3 STF	REET.	ADORESS				
CITY-ST-ZIP			5.4 CIT		-ZIP				
TITLE		☐ DELETE	6.1 TITI] Change	☐ Addition	
NAME			6.2 NAI					İ	
STREET ADDRESS		'	6.3 STF	REET	ADDRESS			ļ	1

6.4 CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SCHOOL VICE President

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, with all other like empowered.