

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 # P95000047985 (3)

1. Corporation Name

TRANSWORLD AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business

13540 N. FLORIDA AVE., STE. 202-D
TAMPA FL 33613

Mailing Address

13540 N. FLORIDA AVE., STE. 202-D
TAMPA FL 33613



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

4. FEI Number

59-3321217

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. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

SHANNON ONG

82 Street Address (P.O. Box Number is Not Acceptable)

13540 N. Florida Ave., Suite 202 D

83

84 City

Tampa

FL

85 Zip Code

33613

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 registered agent, if applicable)

Shannon Ong

OWNER / President

7-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
	PSTD			
	ONG, SHANNON K	13540 N. FLORIDA AVE., STE. 202-D	TAMPA FL 33613	
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

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition	
3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition		
4. CITY - ST - ZIP	☐ Change ☐ Addition			
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐ Change ☐ Addition
6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐ Change ☐ Addition	
7. STREET ADDRESS	8. CITY - ST - ZIP	☐ Change ☐ Addition		
8. CITY - ST - ZIP	☐ Change ☐ Addition			

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***225.00

14. I do hereby certify that the information supplied with this form was 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon Ong

7-15-96

(813) 264-1723

CR2E034 (12/95)