2-7-97 18-1612 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000047985

TRANSWORLD AUTOMOTIVE ENTERPRISES, INC.

FILED Feb 10 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 13540 N. FLORIDA AVE., STE. 202-D TAMPA FL 33613 Mailing Address 13540 N. FLORIDA AVE., STE. 202-D TAMPA FL 33613-3262		f immitalis ten iffet mitte anter affete finte	t jäärijäät era säiläi äirit äärri mätit äärit anitt atüt rabia täint täidi äitt tant			
				3. Date Incorporated or Qualified 06/20/1995		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
11		26		59-3321217	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	L Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
:4	25	29	30		Yes No	
	9. Name and Address of Cu	irrent Hegistered Agent	81 Na	10. Name and Address of New Re	gistered Agent	
	3, AHANNON	10 B	1 112	™ ONG, SHANNON.		
	40 N. FLORIDA AVE., STE. 20	02-U	82 Str	eet Address (P.O. Box Number is Not Acceptal	ole)	
IAM	IPA FL 33613		83			
			84 Cit		85 Zip Code	
				•	FL S ZP COOP	
SIGNATURE	am familiar with, and accept the o	Shaves Used agent and title if applicable	(NO E-Raistered Agent sign	ature required when reinstating)	. Q.97 ·	
12.		S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition	
THILE	PSTD ONG, SHANNON K		1.1 TITLE 1.2 NAME		Change C Addition	
NAME OTOGET ADDRESS	AATAN MELONINA ANT O	TE 202.D	1.2 NAME			
STREET ADDRESS	TAMPA FL 33613	TIL. EVE-U	1.4 CITY-ST-ZIP	:55		
CITY-S1-ZIP TITLE	IAMIA I E GOOTO	DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADOR	ess		
CITY-ST-7IP			2. 4 CITY-ST-ZIP	}		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		- —	
STREET ADDRESS			3.3 STREET ADDRE	ess		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRI	ess		
CITY - S1 - ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Additio	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADOR	ess		
CITY-SY-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET ADDR	ESS		
CITY. ST. 7:0	1		6 A CITY - ST - 7IP	1		

14. If do 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 AND TYPED OR PRINTED NAME OF SIGNING I

SHANNON ONG

1.2.97

(813)264-1723