## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CORPORATION. Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUL 23 PM 2: 51 POCUMENT # **P95000053082 (0)** TWW, INC. Principal Place of Business Mailing Address 7609 TAMARIND AVENUE 7809 TAMARIND AVENUE TAMPA FL 33625 **TAMPA FL 33625** DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 07/11/1995 08/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3323424 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WINFREY, MELVIN P 81 Name 7609 TAMARIND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33825 <del>800002250628--</del> -07/29/97--01061--015 83 \*\*\*\*165.00 City 84 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 and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 DITE Change Addition TITLE WALLS, DEBORAH W 1.2 NAME NAME 16115 PEBBLEBROOK DRIVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 1.4 CITY - ST- ZIE DELETE 21 TITLE Change Addition TITLE winfrey, Carolyn T NAME 22 NAME 7609 TAMARIND AVENUE 2.3 STREET ADDRESS STREET ADORESS T**am**pa Fl 33625 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 7(TLE NAME winfrey, melvin p 3.2 NAME 7609 TAMARIND AVENUE STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33625** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CHTY-ST-7IP

14. I do hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the

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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.

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