

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081276 (4)

1. Corporation Name

TODAY'S WORLD INVESTMENT NEWS COVERAGE, INC.



Principal Place of Business

1002 GROVE AVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

1002 GROVE AVE
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3371787

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

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 for corporation

(Print) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	✓ SCHEER, ERIKA B	
STREET ADDRESS	1002 GROVE AVE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	✓ ZIELINSKI, JOHN	
STREET ADDRESS	1002 GROVE AVE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PY	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		John Zielinski	
1.3 STREET ADDRESS		1002 GROVE AVE	
1.4 CITY - ST - ZIP		ALTAMONTE SPRINGS, FL 32701	
2.1 TITLE	T	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		John Zielinski	
2.3 STREET ADDRESS		1002 GROVE AVE	
2.4 CITY - ST - ZIP		ALTAMONTE SPRINGS, FL 32701	
3.1 TITLE	S	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		John Zielinski	
3.3 STREET ADDRESS		1002 GROVE AVE	
3.4 CITY - ST - ZIP		ALTAMONTE SPRINGS, FL 32701	
4.1 TITLE	C	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		ERIKA B SCHEER	
4.3 STREET ADDRESS		1002 GROVE AVE	
4.4 CITY - ST - ZIP		ALTAMONTE SPRINGS, FL 32701	
5.1 TITLE	V	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		John Zielinski	
5.3 STREET ADDRESS		1002 GROVE AVE	
5.4 CITY - ST - ZIP		ALTAMONTE SPRINGS, FL 32701	
6.1 TITLE	M	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		John Zielinski	
6.3 STREET ADDRESS		1002 GROVE AVE	
6.4 CITY - ST - ZIP		ALTAMONTE SPRINGS, FL 32701	

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 119.07(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 in this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96

888-255-2569

Date

Corporate Phone

CR2E034 (12/95)