## 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 # P9600006757 (4)

TSW, INC.

Principal Place of Business Mailing Address  18832 RUE LOIRE 18832 RUE LOIRE						
LUTZ FL 33549 LUTZ FL 33549-5354		:				
					3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					Not Applicable   S8.75 Additional	
22 27					5. Certificate of Status Desired Fee Required	
City & Stati	е	City & State		<del> </del>	6. Election Campaign Financing \$5.00 May Be	
23		28		······································	Trust Fund Contribution Added to Fees	
Zφ	Country	Ζιρ	Cou	ntry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25   9. Name and Address of Curre	29 ant Registered Agent	30		Florida Statutes Yes X No  10. Name and Address of New Registered Agent	
wo	HLWEND, CAROLYN F			81 Name		
18832 RUE LOIRE			}	82 Street A	Address (P.O. Box Number is Not Acceptable)	
LUTZ FL 33549				OL CHEEL P	Address (F.O. Dox Nothber is Not Addeptable)	
				83		
			ľ	84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes				ove-pamed		
office or r	registered agent, or both, in the State irn familiar with, and accept the oblig	of Florida, Such change wa	s authorized	by the corp	poration's board of directors. I hereby accept the appointment as registered	
	en ramiliae with, and accept the oblig	pations of, Section 607.0005,	rionoa stati	1105.		
SIGNATURE	Signature typical or printed name of registered ag	ent and title if applicable (N	OTE: Registered	Agent signature	required when reinstalling) DATE	
12.	I	ID DIRECTORS	13.	··· · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
111LE	MOUNTAIN CAROLINA E	☐ DELETE	1.1 101		Change Addition	
NAME	WOHLWEND, CAROLYN F 18832 RUE LOIRE		1.2 NA			
STREET ADDRESS DITY-ST-ZIP	LUTZ FL 33549		- 6	REET ADDRESS Y-ST-ZIP		
TOLE	D	DELETE	2.1 707	<del></del>	D	
NAMÉ	THIEMANN, HENRY R		2.2 NA	ME	Wohlward, Hareld L. Delange Beautiful	
STREET ADDRESS	1377 TREETOP DRIVE		2.3 ST	REET ADDRESS	18832 RUE HOIRE	
CITY - ST - ZIP	PALM HARBOR FL 34683		2. 4 CI	TY-\$1-ZIP	607z FL 33549	
MLE	D	☐ DELETE	3.1 TIT	LE	☐ Change ☐ Addition	
NAME	SHIERY, MICHAEL C		3.2 NA	ME		
STREET ADDRESS	823 HOLLINGWORTH ROAD			REET ADDRESS		
CITY - S1 - ZIP	LAKELAND FL 33801	☐ DELETE	3.4. CI 4.1 TiT	TY-ST-ZIP	Change Addition	
TIDLE		DELETE	4.1 HI		La change La Addition	
NAME STREET ADDRESS				REET ADORESS		
CHY-SI-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT	<del>-</del>	☐ Change ☐ Addition	
NAME			5.2 NA			
STREET ADORESS				REET ADORESS		
CHTY - ST - ZHP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT		Change Addition	
NAME			6.2 NA	ME		

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I 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

SIGNATURE:

STREET ADDRESS

**FILED** 

Apr 28 1997 8:00am

Secretary of State