


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000038139 (7) 1. Corporation Name TWC FIFTY-FIVE, INC.					
Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607			Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3385635	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MITCHELL, STEPHEN J 201 N. FRANKLIN STREET, SUITE 2100 TAMPA FL 33602			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		VTD		1.1 TITLE	
NAME		WILSON, JACK		1.2 NAME	
STREET ADDRESS		6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600		1.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		1.4 CITY-ST-ZIP	
TITLE		VS		2.1 TITLE	
NAME		KOEHLER, DEBRA F		2.2 NAME	
STREET ADDRESS		6200 COURTNEY CAMPBELL CSWY #600		2.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		2.4 CITY-ST-ZIP	
TITLE		V		3.1 TITLE	
NAME		BOWERS, CHRISTOPHER G		3.2 NAME	
STREET ADDRESS		6200 COURTNEY CAMPBELL CSWY #600		3.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		V		4.1 TITLE	
NAME		WELCH, GARY E		4.2 NAME	
STREET ADDRESS		6200 COURTNEY CAMPBELL CSWY #600		4.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		4.4 CITY-ST-ZIP	
TITLE		S		5.1 TITLE	
NAME		MITCHELL, STEPHEN J		5.2 NAME	
STREET ADDRESS		201 N FRANKLIN ST #2100		5.3 STREET ADDRESS	
CITY-ST-ZIP		TAMPA FL		5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	
14. I 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: Debra F. Koehler Senior Vice President					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

(813) 251-5888