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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052030 (9)

TRANSWORLD IX, INC.

FILED Feb 05 1997 8:00am Secretary of State



Principal Piace of Business		Mailing Addre	Mailing Address			f 188(188) 194 IBLID BYLLI SBILL BERN BALLI BARN BARN BILLIA LIBIK BALGE FILLI SBILL IBRI			
8400 BAYMEADOWS RD SUITE 3 JACKSONVILLE FL 32256			8400 BAYMEADOWS RD SUITE 3 JACKSONVILLE FL 32256-7439						
						3. Date Incorporated or Qualified 06/13/1996	3a. Date o	f Last Re	eport
2. Principa: Pla	ace of Business	2a. Mailing Ad	ddress			4. FEI Number		Ap	plied For
		26				69-339316	5		t Applicable
Suite, Apt.#	t, etc	Suite, Apt.	. #, etc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	dditional quired
City & State	·	City & Sta	ite			6. Election Campaign Financing		\$5.00	May Be
		28				Trust Fund Contribution		bebbA	
Zip	Country	Zφ		Country		8. This corporation has liability for	intangible tax	under s.	199.032,
	25	29		30		7.00.000 0100,0000	res □ N		
	9. Name and Address of Co	urrent Registered Ager	nt			10. Name and Address of New Re	gistered Age	nt	
ELE	FANT, FRED			B1	Name				
) prudential dr suite 1 Ksonville fl 32207	05			Street Add	Address (P.O. Box Number is Not Acceptable)			
	4			83					
	7 /			84	City		FL ⁸	5 Zip (Code
propert Len	Land Mount and accept the	oblice#itans of ⊅ection b	307 Ď505. Flo	orida Statutes					
GNATURE.		obligations of Section 6				poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE		
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ignature	Signature, typed or particle name of register	red agent and title if applicable.		E: Registered Age		lred when reinstating)	DATE CERS AND DI		S IN 12
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I do hereby certify that the information supplied with this filing object not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes: Further certify that the information indicated on this familiar 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 1 champed, or on an atackment with an address.

TIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #