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 # P96000052032 (5)

TRANSWORLD VIII, INC.

FILED Feb 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				# I NEBOURD IL LOC I TATUM BITHIT \$20KFI NEBULU DĀV	AL MANDA BANCO CARAL C	BISE IIIID (IDI	
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 of	_ast Report	t
2. Principal Place of Business	28. Mailing Address			4. FEI Number		Applied	d For
	26			59-340689			plicable
Suite, Apt. #, ctc	Suite, Apt. #, etc			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
City & State	City & State						
Zip Country	Zip	Country	/	8. This corporation has liability for it		nder s. 199	.032,
25	29	30			Wes ∐ No		
	of Current Registered Agent	81	Name	10. Name and Address of New Re	gistered Agen		
ELEFANT, FRED 1850 PRUDENTIAL DR SUI	TT 105						
JACKSONVILLE FL 32207	HE IVO	82 Street		ress (P.O. Box Number is Not Acceptab	le)		
}		64	City		FL 85	Zip Code)
11. Pursuant to the provisions of Section	ns 607 0502 and 607 1508, Florida Statu	ites, the abov	e-named con	poration submits this statement for the p		ging its rec	istered
office or registered agenty or both, if agent. I am familiar with and accept agent June	ns 607 0502 and 607, 1508, Florida Statu o Inf State of Florida. Such change was it the obligations of, Section 607, 0505, Fl	authorized b lorida Statute	y the corpora s.	tion's board of directors. I hereby accep	ot the appointm	ent as regis	sterea
Signature Typed or penties name of			ent signature requi	ired when reinstaling)	DATE		
	ICERS AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC			Addition
TE D	•••	1.1 TITLE				lange	Audilion
AME TROWBRIDGE, KEITI 16261 ADDRESS 8400 BAYMEADOWS		1.2 NAME	* ********				
IRZET AIROHESS 8400 BAYMEAUUWS 14-St-ZIP JACKSONVILLE FL 3		1.3 STHEE 1.4 CITY-	T ADDRESS				
III	☐ DELETE	2.1 TITLE	31-14			hange [Addition
AME		2.2 NAME					
TREET ADORESS		2.3 S1REE	T ADDRESS				
rry-\$1-7iP		2. 4 CiTY	ST-ZIP				
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AMÉ		3.2 NAME					
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THEF F ADDRESS			T ADDRESS				
HY \$1-74		4.4 CITY					
TLF	DELETE	5.1 TITLE				hange	Addition
AME		5.2 NAME	Ī				
TREET ADDRESS		5.3 STREE	T ADDRESS	•			
01Y+\$1+ZP		54 CITY-	ST-ZIP				
ITLE	L DELETE	6.1 TITLE	1		LIC	hange [J Addition
IAME		6.2 NAME					
STREET ADDRESS	1		T ADDRESS				
CITY - ST- ZIP	are supplied with this bling does got oue	lify for the ex	ST-ZIP	d in Section 119 07/3Vi). Florida Statute	s I further certi	ly that the	
information indicated on this argual Lam an officer or director of the cor appears in Block 12 or Block 13 if o	on supplied with this filing does not qua report or supplemental annual Jeport is poration or the receiver or trustue empor panged, or an artiad ment with an ac	true and acc wered to exe dress.	urate and tha cute this repo	it my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if ma tatutes; and the	ide under d at my name	oath; tha
SIGNATURE:		UMIE	A STATE OF THE STA		_		
SIGNATURE A	IND TYPED OR PRINTED NAME OF SIGNING OFFICE	FOR DIRECTOR		Date	Daytime I	hone #	