ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF PORPORATIONS

**DOCUMENT #** P96000054895 i

## TRANSWORLD ELECTRONICS, INC.

## **FILED** Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90003 013 \*\*\*550.00



incipal Place of Business Mailing Address								// III	# JIW ( <b>510</b>	
35 ARLINGTON AVENUE NORTH 735 ARLINGTON AVENUE N				πH		<b>,</b>				
UITE 2		SUITE 2	SUITE 2							
T. PETERSBURG FL 33701 ST. PETERSBURG F			JRG FL 33701			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 06/27/1996				
Principal Place of Business 2a. Mailing Address			dress			4. FEI Number			Applied For	
26						59-3398603			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required			
City & Stat	e	City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be				
		28				Trust Fund Contribution		Added	d to Fees	
Zip	Country	Zip	<u></u>	Country	•	8. This corporation owes the curre	nt year	[	<b>□</b>	
	25		30		~~	Intangible Personal Property.		Yes	No	
	9. Name and Address of Curr	ent Registered Agen	<u>t</u>	81	L 84.	10. Name and Address of New R	egistered A	gent		
RU	FO, LOUIS M			*'	Name					
	ARLINGTON AVENUE NORTH	1		82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)			
SUITE 2				<u> </u>			_			
	PETERSBURG FL 33701			83						
01.	TETEROBORG TE 00701			84	City			85 Zip	p Code	
							FL			
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such ch	ange was author	rized by	the corporat	oration submits this statement for the pution's board of directors. I hereby accep	the appoint	ment as	registered	
GNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Re	agistered A	Agent signature re-	quired when reinstating)	DATE			
		AND DIRECTORS		13.	•	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	FORS IN 12	
Ę	CD		DELETE 1	1 TITLE				Change	Addition	
√IE	ZACH, JAMES A			1.2 NAME				-		
EET ADDRESS	1124 SEVILLE LN NE		١,	1.3 STREET ADDRESS						
Y-ST-ZIP	ST PETERSBURG FL		1	I.4 CITY-S	T-ZiP					
LE	_STD			2.1 TITLE				Change	Addition	
Æ	OTTS, RAYMOND A	_		2 NAME				_		
EET ADDRESS	415 13TH AVE NE		2	.3 STREET	ADORESS					
Y-ST-ZIP	ST PETERSBURG FL		2	4 CITY-ST	T-ZIP					
.E	PD DELETE			3.1 TITLE				Change	Addition	
Æ	RUFO, LOUIS M	_	3	2 NAME						
EET ADDRESS	10265 GANDY BLVD, #1502	2	3	3.3 STREET	TADDRESS					
Y-ST-ZIP	ST PETERSBURG FL		3	4 CITY-S	T-ZIP					
E	D		DELETE 4	.1 TITLE				Change	Addition	
Æ	HUENINK, JEFFREY C	_	•	I.2 NAME	Ì					
EET ADDRESS	2758 HERON PLACE		4	.3 STREET	ADDRESS					
Y-ST-ZIP	CLEARWATER FL			.4 CITY-S	1					
.E				.1 TITLE				Change	Addition	
Æ				.2 NAME			_			
EET ADDRESS			t t		TADDRESS					
/-ST-ZIP			1	5.4 CITY-S						
.E				1 TITLE	-			Change	Addition	
Æ			DECETE	3.2 NAME						
EET ADDRESS					ADDRESS					
				6.4 CITY-S						
/-ST-ZIP	L		415 5 11	,.+ UI I-0	· <u>                                   </u>	-11- 440 07(0)() Fl14- 01-14 16-4	1 - v a a sei (6 / 4 h	-4 44 - 1-6		

I hereby certify that the information expelled 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 compration 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.

**IGNATURE:** 

822-8122