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Aug 24 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 # **P96000091077 (3)**

1. Corporation Name
TRANSWORLD XXX, INC.

Principal Place of Business	Mailing Address
8400 BAYMEADOWS WAY SUITE 3 JACKSONVILLE FL 32256	8400 BAYMEADOWS WAY SUITE 3 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1996

2. Principal Place of Business	2a. Mailing Address
21 10010 SKINNER LAKE DR	26 10010 SKINNER LAKE DR
Suite, Apt. #, etc. 22 APT 137	Suite, Apt. #, etc. 27 APT 137
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32246 Country 25 U.S.A.	Zip 29 32246 Country 30 U.S.A.

4. FEI Number
~~APPLIED FOR~~ 59-3419528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE FL 32207	81 Name: RICHARD G. HATHAWAY 82 Street Address (P.O. Box Number is Not Acceptable): 10151 Deerwood Park Blvd. 83 Bldg. 100 - Suite 250 84 City: JACKSONVILLE FL 85 Zip Code: 32246

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 Richard G. Hathaway 6-11-98
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	D	☐ DELETE	1.1 TITLE	V	☑ Change ☐ Addition
NAME	TROWBRIDGE, KEITH		1.2 NAME	WARREN K. TROWBRIDGE	
STREET ADDRESS	8400 BAYMEADOWS WAY SUITE 3		1.3 STREET ADDRESS	10010 SKINNER LAKE DR APT 137	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		☐ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME			2.2 NAME	LES CAPELLA	
STREET ADDRESS			2.3 STREET ADDRESS	10010 SKINNER LAKE DR APT 137	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	900002624129	☐ Change ☐ Addition
NAME			5.2 NAME	-08/25/98--01010--032	
STREET ADDRESS			5.3 STREET ADDRESS	***158.75	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 [illegible] 6-11-98