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

FILED
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
8400 BAYMEADOWS WAY
SUITE 3
JACKSONVILLE FL 32256

Mailing Address
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
21 10010 SKINNER LAKE DR
Suite, Apt. #, etc.
22 APT 137
City & State
23 JACKSONVILLE FL
Zip 24 32246 Country 25 U.S.A.

2a. Mailing Address
26 10010 SKINNER LAKE DR
Suite, Apt. #, etc.
27 APT 137
City & State
28 JACKSONVILLE FL
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
ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
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 [signature] 6-11-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D ☐ DELETE |
| NAME | TROWBRIDGE, KEITH |
| STREET ADDRESS | 8400 BAYMEADOWS WAY SUITE 3 |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | V ☑ Change ☐ Addition |
| 1.2 NAME | WARREN K. TROWBRIDGE |
| 1.3 STREET ADDRESS | 10010 SKINNER LAKE DR. APT 137 |
| 1.4 CITY-ST-ZIP | JACKSONVILLE, FL 32246 |
| 2.1 TITLE | P ☐ Change ☑ Addition |
| 2.2 NAME | LES CAPELLA |
| 2.3 STREET ADDRESS | 10010 SKINNER LAKE DR. APT 137 |
| 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32246 |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | 900002624129 ☐ Change ☐ Addition |
| 5.2 NAME | -08/25/98--01010--032 |
| 5.3 STREET ADDRESS | ***158.75 |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 [signature]