FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000098943 (9)

TWINS ACQUISITIONS, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
						1 LEBRINGER LEB INCHE MINIT MERLE MANN MANN		TILM LALLI MEA	NO 1261 18W1	
16204 NW 78TH AVE. 16204 NW 78TH AVE. ALACHUA FL 32615 ALACHUA FL 32615-7606										
						3. Date incorporated or Qualified 12/05/1996	3a. Da	ate of Last	Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21						5934/6089			Not Applicable	
		Suite, Apt. #, etc. 27	27			5. Certificate of Status Desired		Fee	Additional Required	
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			s. 199.032,	
24	25	29	30			Fiorida Statutes L 10. Name and Address of New Re	Yes			
	g. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Re	gistereo.	Agent		
	COMB, NINA S			- 1						
16204 NW 78TH AVE. ALACHUA FL 32615					Street Addre	ddress (P.O. Box Number is Not Acceptable)				
				83					4	
ı				84	City		FL	85 Z	p Code	
	the state of Continue COZ	COO COZ SEGO Cincida Cin	utos the al		named sore	oration submits this statement for the p			ite renistered	
office or agent 1: SIGNATURE	am familiar with, and accept the ob	oligations of, Section 607.0505,	Florida Stat	utes.		on's board of directors. I hereby acce	DATE		as registered	
12.		AND DIRECTORS	13.	3 7 90 7	. digitation in done	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	
T:TLF	DP	DELETE	1.1 1	TLE				Change		
NAME	WHITCOMB, NINA S		1.2 N	ME						
STREET ADDRESS	40004 ABIL WATER AS #1		1.3 \$1	REET A	ADDRESS					
CHTY-ST-70P	ALACHUA FL 32615		1.4 CI	TY-ST	- ZIP					
m.e	DS	DELETE	2.1 1				····	Chang	e 🔲 Addition	
NAME	KEATOR, TINA S		2.2 N	AME						
STREET ADDRESS	ARREST MARKET BANKS		2.3 \$1	REET A	NDDRESS .					
City - S1 - 70P	ALACHUA FL 32615			2. 4 CITY-ST-ZIP						
inti		☐ DELETE	3.1 TI					Chang	e Addition	
NAME			32 N	AME						
STREET ADDRESS			3.3 \$	TREET A	ADORESS					
Crty - St - ZiP			3.4. 0	HTY-\$1	T-ZIP					
THIE		DELETE	4,1 1	TLE				Chang	pe 🔲 Addition	
NAME:			4, 2 8	IAME						
STREET ADDRESS	;		4.3 S	TREET	ADDRESS					
CITY - ST. ZIP			4.4 C	1 1 4-\$1	- ZiP					
11°LF		☐ DELETE	5.1 7	TLE				Chang	je 🔲 Addition	
NAMÉ			5.2 N	AME						
STREET ADDRESS			538	TREET /	address					
CITY-\$1-2IP			54C	ity-st	r-ZIP					
TITLE		DELETE	6.1 T					Chang	e Addition	
NAME			6.2 N	AME						
STREET ADORESS			6.3 S	TREET	ADDRESS					
CITY-ST-Z-P				ITY-ST						
VIII VI:1"	L		-		 					

14. I do 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