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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099728 (3)

TRANSWORLD PROPERTIES, INC.

Principal Place of Business 4444 WEST HIGHWAY 40 #8 OCALA FL 34482

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

4444 WEST HIGHWAY 40 #B OCALA FL 34482

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

12/09/1996 FEI Number

59-3424770

5. Certificate of Status Desired

City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24			30	Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name						
HOHNHOLZ, WILLI 4444 West Highway 40 #B Ocala Fl 34482			•1	Name		
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			00	'		
			84	City	FL 85 Zip Code	
11 Dura and to the provisions of Continue CO2 0500 and CO2 4500 Florida Clatudes the ob-						
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						
12.	Signature, typed or printed name of registered agout of OFFICERS AND I		OTE Registered Ac	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ď	DELETE	1.1 TITLE		Change Addition	
NAME			1.2 NAME	İ		
STREET ADDRESS	4444 WEST HIGHWAY 40 #B			T ADDRESS		
CITY-ST-ZIP	OCALA FL 34482		1.4 CITY-	i		
TITLE	VP	DELETE	21 TITLE		Change Addition	
NAME	HOHNHOLZ WILLI E.		2.2 NAME			
STREET ADDRESS		0 # B	2.3 STREE	T ADDRESS	†	
CITY-ST-ZIP	6644 WEST HIGHWAY 4	U # D	2. 4 CITY	ST-ZIP		
TITLE	8	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	BOHNHOLZ WILLI E.		3.2 NAME		İ	
STREET ADDRESS	4444 WEST HIGHWAY 4	0 # B	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	QCALA, FL. 34482		3.4. CiTY-	\$I-ZIP		
MILE	Ť	☐ DELETE	4.1 TITLE	f	Change Addition	
NAME	HOHNHOLZ WILLI E.		4. 2 NAME			
STREET ADDRESS	4444 WEST HIGHWAY 4	O # B	4.3 STREE	T ADDRESS		
CITY-ST-ZIP	OCALA, FL. 34482	1100.000	4.4 CiTY -	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	1	Change Addition	
NAME			5.2 NAME	1	i	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C/TY-	ST-ZIP	Change Addition	
TITLE			6.1 TITLE 6.2 NAME	ļ	☐ Change ☐ Addition ☐	
NAME				- 1		
STREET ADDRESS			1	T ADDRESS		
14. I hereby c	ertify that the information supplied with	this filing does not qualify	6.4 CITY -		d 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.						