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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Change

___ Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084645 (5)

TWC NINETY-ONE DEVELOPMENT, INC.

Principal Place of Business Mailing Address **6200 COURTNEY CAMPBELL CAUSEWAY** 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 SUITE 600 DO NOT WRITE IN THIS SPACE TAMPA FL 33607 **TAMPA FL 33607** 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 59-3475070 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 X No 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 82 Street Address (P.O. Box Number is Not Acceptable) 150 W FLAGLER STREET 83 **MIAMI FL 33130** 84 City 85 Zip Code 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, typed or printed name of registronic agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Ď 1.1 TITLE XX Change Addition DPT NAME WILSON, JACK 1.2 NAME STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, STE 600 1.3 STREET ADDRESS CITY-ST-ZIP **TAM**PA FL 33607 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Change **X X**Addition 2.2 NAME KOEHLER, DEBRA F. STREET ADDRESS 6200 Courtney Campbell Causeway, Ste.600 2.3 STREET ADDRESS CITY-ST-ZIP Tampa, FL 33607 2.4 CITY - ST-2IP DELETE TITLE 3 1 TITLE Change **XX**Addition NAME WELCH, GARY E. 3.2 NAME 6200 Courtney Campbell Causeway, Ste.600 STREET ADDRESS 3.3 STREET ADDRESS Tampa, FL 33607 CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change XXAddition BOWERS, CHRISTOPHER G. NAME 4 2 NAME 6200 Courtney Campbell Causeway, Ste.600 STREET ADDRESS 4.3 STREET ADDRESS Tampa, F1 33607 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - \$1 - 7IP 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, acon an attachment with an address.

Senior Vice President

6.1 TITLE

6.2 NAME

DELETE