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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084645

1. Corporation Name TWC NINETY-ONE DEVELOPMENT, INC.

Principal Place of Business Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 SUITE 600 TAMPA FL 33607 TAMPA FL 33607

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90229 006 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed 09/30/1997						
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number				Applied For		
21		26					59-3475070				Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.	75 A	ditional		
22	,	27	27				5. Certificate of Status Desired Fee Required						
City & State	9	City & State					6. Election Campaign Financing S5.00 May Be						
23		28	28				Trust Fund Contribution Added to Fees						
Zip	Country	Zip	С	ountry			8. This corporation owes the curr	ent year Inta	ngible				
24	25	29	29 30				1 Grooten 7 roperty Turn			☐ Yes ☐ No			
Name and Address of Current Registered Agent					. 10. Name and Address of New Registered Agent								
MCDONOLIGHT BRIAN I					81 Name								
MCDONOUGH, BRIAN J				82 Street Address (P.O. Box Number is Not Acceptable)									
2200 MUSEUM TOWER													
150 W FLAGLER STREET				83							,		
MIAMI FL 33130				84	City				85	Zip C	ode		
								FL					
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, typed or printed name of registered agent and title if applicable. (NOTE: Register					tered Agent signature required when reinstating) DATE								
12.				13.			ADDITIONS/CHANGES TO OF	FICERS AND			Addition		
TITLE	DPT	☐ DELETÉ		TITLE					□ Cr	ange	☐ Addition		
NAME	WILSON, JACK			1.2 NAME									
STREET ADDRESS				1.3 STREET ADDRESS		s							
CITY-ST-ZIP	TAMPA FL 33607			1.4 CITY-ST-ZIP					□ Ct	2000	Addition		
TITLE	VS	☐ DELETE	2.1 TITLE							aliye			
NAME	KOEHLER, D F			2.2 NAME									
STREET ADDRESS	6200 C C CSWY, STE 600			2.3 STREET ADDRESS									
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					□ Ch	anne	Addition		
TITLE	V DELETE			3.1 TITLE						ange	[] Addison		
NAME	WELCH, G E			3.2 NAME							j		
STREET ADDRESS	6200 C C CSWY, STE 600			3.3 STREET ADDRESS									
CITY-ST-ZIP				3.4. CITY-ST-ZIP						ange	Addition		
TITLE				4.1 TITLE 4.2 NAME					۰۰۰	gu			
NAME	6200 C C CWY, STE 600										}		
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۱		_ vcc	ı	2 NAME						*			
NAME			- 1	3 STREET	ADDRES	s							
STREET ADDRESS				4 CITY-S									
CITY-ST-ZIP		DELETE 6.1			· <u>-</u> //	+		-	□ Cr	ange	Addition		
		- OLLEN		2 NAME						•	_ ,		
NAME				3 STREET	ADDRES	s							
STREET ADDRESS				· OFFI		<u> </u>							

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 an attachment with an address, with all other like empowered.

Debra F. Koehler

SIGNATURE:

Senior Vice President

CR2E034 (11/98)

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