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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000100985

1. Corporation Name
TWIN STATE, INC.

Principal Place of Business	Mailing Address
4410 NORTH LOIS ST. TAMPA FL 33614	4410 NORTH LOIS ST. TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 11/25/1997

4. FEI Number: 59-352-1074 ☐ Applied For ☐ Not Applicable
~~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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HART, DAVID J
100 N. BISCAYNE BLVD. STE. #2600
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: BRANDO H PISTORIUS
82 Street Address (P.O. Box Number Not Acceptable):
83: 4410 N LOIS ST.
84 City: TAMPA FL 85 Zip Code: 33614

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] 05/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D → ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	VAN DEN BERG, ANTON	1.2 NAME	VAN DEN BERG ANTON
STREET ADDRESS	Y410 NORTH LOIS ST.	1.3 STREET ADDRESS	4410 N LOIS ST.
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	TAMPA FL. 33614
TITLE	V ☐ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		2.2 NAME	BRANDO H PISTORIUS
STREET ADDRESS		2.3 STREET ADDRESS	4410 N LOIS ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL. 33614
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] B H PISTORIUS 04/16/99 (813) 917-9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #