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 # P97000103564

1. Corporation Name

TWG ENTERPRISES INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90044 018 ***150.00

ITIG LIV	TERM TRIOCO, 1140-			*	
_					
Principal Place	of Business	Mailing Address			
4160 N.W. 1ST BOCA RATON I		4160 N.W. 1ST AVE., STE. #1 BOCA RATON FL 33431	4		
				DO NOT WRITE IN TH	IS SPACE
				 Date Incorporated or Qualified 12/08/1997 	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2960 N	w Boca Raton Blvd. Boby	26 2960 NW BOX	<u>callation blue</u>	<u>d· 65-0800889</u>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9 0)	City & State		6. Election Campaign Financing	\$5.00 May Be
	Raton, FL	28 Boca Roctor		Trust Fund Contribution	Added to Fees
24 33431	Country [25] \\SF\	zip 29 33431 30	Country	 This corporation owes the current year Personal Property Tax. 	ntangible □Yes □No
24 33 101	9. Name and Address of Current		1 431	10. Name and Address of New Registere	· -
_	9. Name and Address of Content	registered Agent	81 Name	1	
GALLO, TODO				<u> </u>	
4160 N.W. 1ST AVE., STE. #14			dress (P.O. Box Number is Not Acceptable) NW Boca Rator	Blva	
BOC	A RATON FL 33431		83 0	14 11	
			84 City	7 9	85 Zip Code
			Boca	Ratun F	L " 33431
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	aon o osara or anoderar richos, accoprana app	
SIGNATURE				red when reinstating) DATE	
	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DPTS OFFICERS AND	DELETE		OPTS	P Change ☐ Addition
NAME	GALLO, TODD		12 NAME	rallo, Todd	
STREET ADDRESS	4160 N.W. 1ST AVE., STE. #14		1.3 STREET ADDRESS	1940 NW BOCA RATON BIVO.	Bay#4
CITY-ST-ZIP	BOCA RATON FL 33431		14 CITY-ST-ZIP	oca Raton, FL. 33431	
TITLE	DV	☐ DELETE	2.1 TITLE D)·V	☐ Change ☐ Addition
NAME	HOFFMAN, PAUL		2.2 NAME	loffman, Pawl	904411
STREET ADDRESS	4160 N.W. 1ST AVE., STE. #14		23 STREET ADDRESS	960 NW Boca Raton Blvd.	pay# 4
CiTY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP B	oca Raton, FL 3343	<u> </u>
TITLE	DV	☐ DETELE	3.1 TITLE D	V 1111000000000000000000000000000000000	GZ*Change ☐ Addition
NAME	BLACKLEDGE, JAMES		3.2 NAME	lackledge, James 1960 NW Boca Raton Blvd	Bay#4
STREET ADDRESS	4160 N.W. 1ST AVE., STE. #14		3.3 STREET ADDRESS	900 No 50 CL 20121	•
CITY-ST-ZIP	BOCA RATON FL 33431			oca Raton, FL. 33431	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME STREET ADDRESS		ļ,	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			6.2 NAME 6.3 STREET ADDRESS		·

14. 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 trusted 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:

TODD W. GALLO

3-6-1999 (561)