


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

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

05-10-1999 90234 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000038670					
1. Corporation Name TWC SEVENTY-TWO DEVELOPMENT, INC.					
Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607			Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3509166	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
9. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER ST. MIAMI FL 33130			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WILSON, JACK			1.2 NAME		
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY			1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 33607			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			2.2 NAME Koehler, Debra F.		
STREET ADDRESS			2.3 STREET ADDRESS 6200 Courtney Campbell Causeway #600		
CITY-ST-ZIP			2.4 CITY-ST-ZIP Tampa FL 33607		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			3.2 NAME Welch, Gary E.		
STREET ADDRESS			3.3 STREET ADDRESS 6200 Courtney Campbell Causeway #600		
CITY-ST-ZIP			3.4 CITY-ST-ZIP Tampa FL 33607		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME Bowers, Christopher G.		
STREET ADDRESS			4.3 STREET ADDRESS 6200 Courtney Campbell Causeway #600		
CITY-ST-ZIP			4.4 CITY-ST-ZIP Tampa, FL 33607		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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: *Debra F. Koehler* **Debra F. Koehler** **Senior Vice President** **4/26/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)