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 # P98000087033

1. Corporation Name

TWC SEVENTY-FIVE, INC.

MIAMI FL 33130

May 10, 1999 8:00 am Secretary of State

05-10-1999 90234 047 ***150.00

Principal Place of Business Mailing Address		
6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600 TAMPA FL 33607	6200 COURTNEY CAMPBELL CAUSEWA TAMPA FL 33607	
		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified 10/12/1998
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
21	26	59-3536998 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	Zip Countr	8, This corporation owes the current year Intangible Personal Property Tax.
g. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W. FLAGLER ST.	81	Street Address (P.O. Box Number is Not Acceptable)

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. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

agent. Fa	ini familiai with, and accept the congations of, Section 607.0003, Flor	ida Statutes.			
SIGNATURE		Registered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12
TITLE	D DELETE	1.1 TITLE	D/P/T	Change	
NAME	WILSON, JAMES Jack	1.2 NAME	0/	۸	
STREET ADDRESS	ARRA COMPTHEY CAMPBELL CAMPETWAY OFF ACC	1.3 STREET ADDRESS			
CiTY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP			
TITLE	□ DELETE	2.1 TITLE	V /6	Change	(X) Addition
NAME		2.2 NAME	V/S	~ •	
			Koehler, Debra F.		
STREET ADDRESS		2.3 STREET ADDRESS	6200 Courtney Campbe Tampa, FL 33607	II Causeway,	Ste. 6
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP		□ Change	Addition
TITLE		3.1 TITLE		□ citalige	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Additio
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	,	62 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	•		

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 OFFICER OR DIRECTOR SENIOR VICE President

Zip Code