## 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 # P98000090520

1. Corporation Name

TWC SEVENTY-THREE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600 TAMPA FL 33607	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600 TAMPA FL 33607

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

05-10-1999 90234 045 \*\*\*150.00



Principal Place	e of Business	Mailing A	ddress			1					
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TAMPA FL 3360	07	TAMPA FL	. 33607				Dr	NOT WRI	E IN THE	SSPACE	
						-	3 Date Incorporated			O OI AOL	
						ļ	10/23/1998				
2. Principal P	Place of Business	2a, Mailin	g Address				4 FEI Number				pplied For
21		26	<b>3</b> · · · · · · · · · · · · · · · · · · ·				59-354201	6			ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.							\$8.75	Additional
22		27				i	5. Certificate of Status	s Desired		Fee F	tequired
City & Stat	te	City 8	State				6. Election Campaign	Financing		\$5.00	May Be
23		28	28				Trust Fund Contrib	ution			to Fees
Zip	Country	Zip	Zip Count		ry		g. This corporation or	ves the curre	ent year In	_	_
24	25	29		30		1	Personal Property			☐ Yes	□No
	g. Name and Address of	Current Registered /	Agent		41 11		10. Name and Addres	ss of New R	egistered	Agent	
MCD	ONOUGH, BRIAN J			6	1 Nar	ne					
	MUSEUM TOWER			8	2 Stre	et Addres	s (P.O. Box Number is	Not Accepta	ble)		
	W. FLAGLER ST.			9	3						
	MI FL 33130										
				8	4 City	<i>'</i>			Fl	85 Zip	Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.150	8, Florida Statutes	s, the abo	ve-nam	ed corpora	ation submits this stater	nent for the	purpose o	f changing it	s registered
office or r	registered agent, or both, in the	State of Florida, Suc	h change was aut	inorized b	v the c	orporation'	's board of directors. I h	ereby accep	t the appo	intment as r	egistered
	im familiar with, and accept the	obligations of, Section	n 607.0505, Florid								
				da Statuti	es.	ure required w	then reinstating)		DATE	<del></del>	
agent. I a	Signature, typed or printed name of registr	ered agent and title if applicab	ile. (NOTE: R	da Statuto	es.	ure required w	rhen reinstating)	SES TO OFF	DATE CONTROL	ND DIRECT	ORS IN 12
agent. I a	Signature, typed or printed name of registr		ile. (NOTE: R	da Statuti	ent signat		ADDITIONS/CHANG	GES TO OF		ND DIRECT	ORS IN 12
agent. I a SIGNATURE 12,	Signature, typed or printed name of registr OFFICE	ered agent and title if applicab	ele. (NOTE: F	Registered A	ent signat	Ure required w	ADDITIONS/CHANG	GES TO OFF			
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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.

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Debra F. Koehler

NAME OF SIGNING OFFICER OR DIRECTOR OFFICE OF DEBLIC PRESIDENT.