

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

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

05-10-1999 90184 036 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # V48882

1. Corporation Name
TRANS WORLD INVEST, INC.

Principal Place of Business

3011 N.E. 57TH COURT
 FORT LAUDERDALE FL 33308
 US

Mailing Address

3011 N.E. 57TH COURT
 FORT LAUDERDALE FL 33308
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/08/1992

4. FEI Number
65-0354629

Applied For
 Not Applicable

2. Principal Place of Business
 21 7890 NW 24th Street

2a. Mailing Address
 26 7890 NW 24th Street

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 Margate, Florida

City & State
 28 Margate, Florida

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 33063 25 USA

Zip Country
 29 3363 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

FRANTZ, JEFFERY W ESQ.
 11900 BISCAYNE BOULEVARD
 SUITE 408
 NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
Egon L. Lacher (MSc.Engineering)
 82 Street Address (P.O. Box Number is Not Acceptable)
7890 NW 24th Street
 83
 84 City
Margate, Florida **FL** 85 Zip Code
33063

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

Egon L. Lacher

EGON L. LACHER

4/1/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FLEIG, ULRICH E.	
STREET ADDRESS	3011 N.E. 57TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, ELARD R.	
STREET ADDRESS	3011 N.E. 57TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WIRTH, HANS W.	
STREET ADDRESS	3011 N.E. 57TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **SIGNATURE REQUIRED** March 17, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Hans W. Wirths (Treasurer)** Daytime Phone #

CR2E034 (11/98)