FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:17

DOCUMENT # V60371 (4)

1. Corporation Name
WTW II, INC.

Principal Place of Business	Mailing Address
2306 W KENNEDY BLVD TAMPA FL 33609 US	2306 W KENNEDY BLVD TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/26/1992	04/29/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21	26 4427 W. Kennedy Blvd	59-3137734	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27 Suite 375		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 TAMPA FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 33609 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, PATRICIA M. 2306 W KENNEDY BLVD SUITE 200 TAMPA FL 33609	81 Name: Tommi G. Dircks 82 Street Address (P.O. Box Number is Not Acceptable): 6105-C Memorial Hwy 83 84 City: TAMPA FL 85 Zip Code: 33615

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: [signature] 3/30/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Address — ☑ Change ☐ Addition
NAME	BROWN, THOMAS J.	12 NAME	
STREET ADDRESS	111 S. PARKER ST #200	13 STREET ADDRESS	4427 W. Kennedy Blvd, #375
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL 33609
TITLE	D	21 TITLE	Address — ☑ Change ☐ Addition
NAME	BROWN, PATRICIA M.	22 NAME	
STREET ADDRESS	111 S. PARKER ST #200	23 STREET ADDRESS	4427 W. Kennedy Blvd, #375
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33609
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patricia M Brown 3/30/95 813/287-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA M. BROWN