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

PROFIT CORPORATION ANNUAL REPORT

1998



Signature, typod or printed name of registered agent and title if applicable

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

WTW II, INC.

1

TITLE

NAME

STREET ADDRESS

| FILED | |
|--------------------|---|
| Apr 22 1998 8:00ar | n |
| Secretary of State | |

| Principal Place of Business | Mailing Address | | | |
|--|--|-----------------------|--|--|
| 2306 W KENNEDY BLVD TAMPA FL 33609 US | 2306 W. KENNEDY Suite 375 Tampa FL 33609 US | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/26/1992 | SPACE |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 4427 W, Kenne | dy Blvd. | 59-3137734 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 27 Suite 375 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State 28 Tampa, FL | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 25 | Zip Cc 29 33609 30 | ountry | This corporation owes or has paid the cu Personal Property Tax due June 30. | rrent year Intangible |
| g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | Agent |
| DIRCKS, TOMMI G. 8105-C MEMORIAL HWY SUITE 200 | | 81 Name | | |
| | | 82 Street Addre | Street Address (P.O. Box Number is Not Acceptable) | |
| TAMPA FL 33615 | | 83 | | |
| | | 84 City | FL | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat | of Florida. Such change was authoriz | ed by the corporation | oration submits this statement for the purpose con's board of directors. I hereby accept the app | of changing its registered pointment as registered |

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition NAME BROWN, THOMAS J. 1.2 NAME 4427 W. KENNEDY BLVD., #375 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE DVP Change Addition 2.1 TITLE TABOR, CHRIS NAME 2.2 NAME 2306 W KENNEDY BLVD STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2. 4 CITY-ST-ZIP Addition TITLE **■** DELETE 3.1 TITLE Change NAME **WOLFE, KATHLEEN R** 3.2 NAME ORCHARD, MARCY STREET ADDRESS 2306 W KENNEDY BLVD 3.3 STREET ADDRESS 4427 W. Kennedy Blvd., Ste. 375 TAMPA FL CITY-ST-ZIP 3.4. CITY - S1 - ZIP Tampa, FL 33609 Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

(NOT). Registored Agent signature required when reinstating)

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 frue 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 of the roceiver or fruitee dynamics and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an aldress.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

111,-100 (60)-00 100

Addition

Change