FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P9400 Name TWE SALES & MARKETING	00082536 (1) g, inc.)		
Principal Place	of Business	Mailing Address		{	AL MOTILI COLDE INCIDE CONDI DISONO SILLO DILLI EDDE
13391 RUDI LOOP SPRING HILL FL 34609 US		13391 RUDI LOOP SPRING HILL FL 34609 US			
				3. Date Incorporated or Qualified 11/10/1994	3a. Date of Last Report 04/18/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3281966	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Dection Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29	30	Florida Statutes S Yes	S □No
D/B/A A 343 ALI	w firm of Lawrence J. Spi Merilawyer Meria ave. Gables fl 33134		83 1 3 3	NLabeth L Bra ress (P.O. Box Number is Not Acceptat 691 Rud: Loop	
SIGNATURE _	n, and accept the obligations of, Set Elizabeth L- B Stynature, typod or pril ted name of registered ago	rit and title if application.	Lileth J. Vo Brightered Agent signature require	-d where real statings	3-18-96
12. Title	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	GERS AND DIRECTORS IN 12 Change Addition
NAME	BRAULT, ROBERT M		1.2 NAME		El timage El notice
STREET ADDRESS	13391 RUDI LOOP		1.3 STREET ADDRESS		
City-St-Zip	SPRING HILL FL		1.4 CH Y - ST - ZIP		
TETLE		□ D€L€TE	2 1 TIBLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C-TY-ST-ZIP		DELETE	2.4 CITY - ST - 7IP 3 1 TITLE		Change
NAME		ריין מרבניני	3.2 NAME		C Change C Patients
STREET ADDRESS			3.3 STREET ADDRESS		
C:TY-ST-ZIP			3.4 CHTY-ST-ZIP		
THE		DELETE	4. 1 TITLE		Change Addit-on
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			44 CITY - ST - 7IP		
TITLE		☐ DELETE	5 1 THUE		Change [] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	54 CITY-ST-7IP 6 1 TITLE		Change Addition
NAME			6.2 NAME		C. Change C. Fladit 3/1
STREET ADDRESS			6.3 STREET ADDRESS		
C(1Y-ST-ZIP			6.4 CITY - ST - 71P		
14. I do hereby	certify that the information supplied	I with this filing is voluntarily turnis	hed and does not qualify f	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
oath; that I	the information indicated on this and am an efficer or director of the corr Block 12 or Block 13 if changed, or	peration or the receiver or trustee.	empowered to execute this	ate and that my signature shall have the is report as required by Chaptar 607, F	same legal effect as if made under lorida Statutes; and that my name

SIGNATURE:

Robert M. Brault 3/18/96 352-688-0-9