FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED						
CO	PROFIT RPORATION UAL REPORT	Sar Sar	DEPARTMENT	ham	Jan 28 1998	_
	1998	7. /	iecretary of Sta N OF CORPOF		Secretary	of State
1. Corporation	MENT # J0536 WORKS, INC.	0 (9))			
MEDIA	Workey Mo-					
Principal Place of Business Mailing Address 2136 KINGS AVE. 2136 KINGS AVE. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207					DO NOT WRITE IN TH	
					3. Date Incorporated or Qualified 03/21/1986	
21	Place of Business	26			4. FEI Number 59-2660471	Applied For Not Applicable
Suite, Apt. 22 City & Stat		27	Suite, Apt. #, etc. 77 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Zip	Country	28 Zip		untry	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 9. Name and Address of Curre	29	30	T	This corporation owes or has paid the operational Property Tax due June 30. Name and Address of New Registere	☐ Yes ☐ No
	ETSCH, THERESA H 36 KINGS AVE.			81 Name	10, Name and Address of New Yegisters	a Agent
	CKSONVILLE FL 32207			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
				84 City		■ 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	J2 and 607.1508, Florida of Florida, Such change	Statutes, the a	bove-named co	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	
agent. I a SIGNATURE	Trinesa A. Dut	The Kreside	ent		1/57	98
12.	Signature, typed or printed name of registered ag	ent and tide if applicable. ID DIRECTORS		d Agent signature re-	quired when reinstating)	
TITLE	PSD	DELE	13. TE 1,1 T	TIF	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DIETSCH, THERESA H.		1,2 N/			
STREET ADDRESS	2136 KINGS AVE.			TREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP		
TITLE	TD	DELE				☐ Change ☐ Addition
NAME :	DIETSCH, FRED	_	2.2 N/			
STREET ADDRESS	2136 KINGS AVE.			TREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL			ITY-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME			3.2 NA	\ME :		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP		
TITLE		☐ DELET	E 4.1 TIT	ILE		Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELET	E 5.1 YII	île		Change Addition
NAME			5.2 NA			
STREET ADDRESS			5,3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELET		I .		Change Addition
NAME			6.2 NA	I .		
STREET ADDRESS			6.3 ST	REET ADDRESS		

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.

SIGNATURE: