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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003862

1. Corporation Name
TAMPA WORKSERVICES, INC.

Principal Place of Business 5802 E. COLUMBUS DR. TAMPA FL 33619	Mailing Address P.O. BOX 9537 TAMPA FL 33674-9537
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/07/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0895908
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LILLISTON, RICHARD 2714 W. KIRBY ST. TAMPA FL 33614		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNOCK, STEVEN	1.2 NAME	
STREET ADDRESS	8113 REVELS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBANIC, PATRICIA C.	2.2 NAME	Bobanic, Patricia C.
STREET ADDRESS	5003 GARRICK COURT	2.3 STREET ADDRESS	5003 Garrick Ct.
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMIDA, ROBERT	3.2 NAME	
STREET ADDRESS	3712 ORANGE POINT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, RHONDA	4.2 NAME	
STREET ADDRESS	503 N. IDLEWILD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Pinzel, Bonnie
STREET ADDRESS		5.3 STREET ADDRESS	6710 N. River Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 617, 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: *Robert Hermida* SIGNATURE REQUIRED *1899*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)