

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

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**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P95000010782**
1. Corporation Name
PTWORKS INC

Principal Place of Business Mailing Address
**BaySide 1001 ALT. A1A
JUPITER, FL 33477-3209**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2.8.95	3a. Date of Last Report
21	26	4. FEI Number 65-0553880		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	STUART A. SAUND		
				82 Street Address (P.O. Box Number is Not Acceptable)	BAYSIDE 1001 ALT A1A		
				83			
				84 City	JUPITER	85 State	FL
						86 Zip Code	33477

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: **STUART A. SAUND** DATE: **3.3.97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	CHAIRMAN
STREET ADDRESS		1.3 STREET ADDRESS	WALTER R. FRANKLIN
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	BAYSIDE 1001 ALT A1A
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PRESIDENT & SECRETARY
STREET ADDRESS		2.3 STREET ADDRESS	STUART A. SAUND
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	BAYSIDE 1001 ALT A1A
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VICE PRESIDENT
STREET ADDRESS		3.3 STREET ADDRESS	JOHN VAN DALE
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	BAYSIDE 1001 ALT A1A
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	PAMELA K. THOMPSON
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	12572 WOODMILL DR
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600002136836
STREET ADDRESS		5.3 STREET ADDRESS	-04/08/97--01075--037
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***165.00
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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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: **STUART A. SAUND** DATE: **3.3.97** CHAIRMAN PHONE # **561 632 1949**

CR2E034 (9/96)

cc/47