:OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90031 009 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18896**
Corporation Name
WORKING SOLUTIONS INCORPORATED

Principal Place of Business	Mailing Address
5 N. MERIDIAN AVE. MI BEACH FL 33140	4305 N. MERIDIAN AVE. MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1988

Principal Place of Business	2a. Mailing Address
	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	27
City & State	City & State
	28
Zip / Country (25)	Zip (29) / Country (30)

4. FEI Number: 11-2572077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANECKSTEIN, MICHAEL
4305 N. MERIDIAN AVE.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12		
LE	VM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
ME	ANECKSTEIN, MICHAEL		1.2 NAME		
REET ADDRESS	4305 N. MERIDIAN AVE.		1.3 STREET ADDRESS		
Y-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
LE	PS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
ME	ANECKSTEIN, RAQUEL		2.2 NAME		
REET ADDRESS	4305 N. MERIDIAN AVE.		2.3 STREET ADDRESS		
Y-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
LE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
ME			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS		
Y-ST-ZIP			3.4 CITY-ST-ZIP		
LE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
Y-ST-ZIP			4.4 CITY-ST-ZIP		
LE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
ME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
Y-ST-ZIP			5.4 CITY-ST-ZIP		
LE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: Michael Aneckstein 7/2/99 (305) 672-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #