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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 487926 (8)  
1. Corporation Name  
WOOWORKS, INC.

Principal Place of Business 3823 S.W. 3RD AVE. GAINESVILLE FL 32607	Mailing Address 3823 S.W. 3RD AVE. GAINESVILLE FL 32607-2783
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1975	3a. Date of Last Report 03/18/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 52-1047786	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	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 SHEEHAN, THOMAS J. 3823 S.W. 3RD AVE. GAINESVILLE FL 32607				10. Name and Address of New Registered Agent	

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	
12. OFFICERS AND DIRECTORS	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SHEEHAN, THOMAS J.	1.2 NAME	
STREET ADDRESS	3823 S.W. THIRD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	SHEEHAN, MARION RUFF	2.2 NAME	
STREET ADDRESS	3823 S.W. THIRD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	SHEEHAN, THOMAS JEROME	3.2 NAME	
STREET ADDRESS	3823 S.W. THIRD AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	SHEEHAN, MARIAN LYN	4.2 NAME	
STREET ADDRESS	3823 S. W. THIRD AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
THOMAS J. SHEEHAN  
Date: 4-7-97  
Daytime Phone #: 352-376-9623  
0057296