FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90094 038 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400006647

1. Corporation Name

WORKMAN SECURITIES CORPORATION

Principal Place of Business Mailing Address						1 1065100 1110 10111	 	iil 10 11) 61 11	I ODING BIND BENE	nihil J&BI İbbi
10505 WAYZATA BLVD MINNETONKA MN 55305		10505 WAYZATA BLVD MINNETONKA MN 55305								
US		US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated	or Qualifed			
		<u></u>		٠		12/28/1994				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26			41-1683324				t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status	Desired		\$8.75		
22		27			_				Fee Re	
City & State	e	City & State				6. Election Campaign	_		\$5.00	*
23		28				Trust Fund Contrib			Added t	o Fees
Zip	Country	Zip	Cou	nuy		8. This corporation ov		rent year l	ntangible □ Yes	□No
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30	1		Personal Property 10. Name and Addres		Registered		
_ -	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Italie alia Addres	3 U NEW	registeret	a Agoin	
NFRI	I, RAMON									
2989 BRADFORD CIRCLE				82	Street Ad	idress (P.O. Box Number is	Not Accept	able)		
	M HARBOR FL 34685-4024			83						
17.0	W 11/4 11DO11 1 E 0 1000 10E 1			83						
				84	City		-1/		85 Zip (Code
44	to the provisions of Sections 607.05	FDD 4 CO7 4 CO0 Florid- Ctotute			=amad aa	rooration submite this states	nent for the	FI	of changing its	registered
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	to of Florida, Such change was a	ithorized	DOVE-	-nameu co	ation's hoard of directors. I h	erehv acce	pt the appoint	ointment as re	gistered
Oπice or n	egistered agent, or both, in the Stat	ie ur rivitua. Juur utalige was at	4111011200	յ Եջ ա	ne corpora	Attorn to boding or an actor or the	0,02,			
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statı	utes.	ne corpora		0,02,	,		
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agent, I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statu Registered	utes.		uired when reinstating)		DATE		
agent. I a SIGNATURE 12.	M familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered	Agent				DATE		
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agent, I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PS WORKMAN, BRUCE D	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered 13. 1.1 TIT	Agent :	signature requ	uired when reinstating)		DATE	AND DIRECTO	ORS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PS WORKMAN, BRUCE D 2212 CHIPPEWA ROAD	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered 13. 1.1 TIT 1.2 NA 1.3 ST	Agent : TLE AME TREET A	signature requ	uired when reinstating)		DATE	AND DIRECTO	ORS IN 12
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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 adaptment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RED RED NAME OF SIGNING OFFICER OR DIRECTOR

412-541-40

Date