FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **G89528**

(5)

THE WORKS UNLIMITED, INCORPORATED



| Principal Place of Business Maling Address | | | | | I 1004141 BEOF 10(10 1910) G1414 F | - 1 1003144 BESS 10(10 1810) 61518 FLORY 1011 01911 01911 01911 01911 01911 | |
|---|-------------------------------|----------------------|------------------|---|--|---|--|
| Principal Place of Business Maling Address 3009 CALUMET DRIVE 3009 CALUMET DRIVE | | | | | | | |
| ORLANDO FL | | ORLANDO FL 3281 | ORLANDO FL 32810 | | 3. Date Incorporated or Qualfied 03/09/1984 | 3a. Date of Last Report 05/01/1995 | |
| 2. Principal Plac | te of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| | ye or Eddinoso | 26 | | | 59-2685513 | Not Applicable | |
| Suite. Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | Ony & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip | Country | Ζφ | Cou | ntry | 8. This corporation has liability for | | |
| 1 | 25 | 29 | 30 | | | s XINo | |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New | Registered Agent | |
| | | | | 81 Name | | | |
| SHERMAN, WILLIAM J. 3009 CALUMET DRIVE | | | | | Address (P.O. Box Number is Not Accepta | able) | |
| | DO FL 32810 | | • | 83 | | | |
| | | · | | 84 City | | 85 Zip Code | |
| | | | ! | | corporation submits this statement for the p s board of directors. I hereby accept the ap | FL! | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 12 | |
| 167_F | PD | ☐ DELETE | 1 1 | I ₹ L F | | ☐ Change ☐ Addition | |
| VASAS | SHERMAN, WILLIAM | | 12N | | | | |
| STREET AUCHESS | 3009 CALUMET ORLANDO, FL . | | | REET ADDRESS | | | |
| TY-ST-7.P | ORDANDO, F.C. | T DELETE | 2 1 1 | ITY - ST - ZIF ITEF | | Change Addition | |
| IAME | | | 22 N | AME | | | |
| AUCCI ADDRESS | | | 2 3 S | REET ADDRESS | | | |
| MY-S1-7# | | | | !^Y+\$1+ZIP | | Change | |
| ILE | | □ DECENTE | 3 11 | | | Change | |
| IAME | | | 32 N | AME Straet Adores: | s l | | |
| STREET ACORESS DITY-ST: Z-P | | | | ity - St - Zif | | | |
| hrif | | [] DELETE | 4. 1 | | | ☐ Change ☐ Additio | |
| 44ME | | | 42 N | AME | | | |
| SIRSEL ADDRESS | | | 1 | THEE: ADDRESS | | | |
| CHY-ST-ZIF | | DELETE | 4.4 (| II Y - ST - ZIP | | Change Addit o | |
| -Iti | | L'1 perete | 5 1 5 2 N | | | L Sharge L Addit o | |
| SAME STREET AUGHESS | | | | HARRET ADDRESS | , | | |
| DIN -ST-ZIP | | | | HY-ST-ZIP | | | |
| III.E | | DELETE | | 11°LE | | Change Addition | |
| NAME | | | 621 | IAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | s | | |
| C(T) - S1 - Z(P) | | | 640 | CITY - SI - ZIF | | CONTRACTOR OF THE STATE OF THE | |

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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 early; that I am an officer or director of the compration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if the regard of principle attachment with an address.

SIGNATURE:

und William J Sherman 2-29-96
INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytin e Phone #