


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K38463 (1)		
1. Corporation Name WORKING WONDERS, INC.		



Principal Place of Business WORKING WONDERS INC. 207 HILLTOP DR. ORANGE PARK FL 32073 US	Mailing Address 207 HILLTOP DR. ORANGE PARK FL 32073 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1988		3a. Date of Last Report 04/03/1996	
21		26		4. FEI Number 59-2257839		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent JACKSON, MARTELL 297 HILLTOP DR. ORANGE PARK FL 32073				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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 *Marcell Jackson* DATE **3-27-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE P				1.1 TITLE			
NAME JACKSON, MARTELL T.				1.2 NAME			
STREET ADDRESS 207 HILLTOP DR				1.3 STREET ADDRESS			
CITY-ST-ZIP ORANGE PARK FL				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VD				2.1 TITLE			
NAME JACKSON, MICHAEL J.				2.2 NAME			
STREET ADDRESS 2843 KIOWA AVE				2.3 STREET ADDRESS			
CITY-ST-ZIP ORANGE PARK FL				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE C				3.1 TITLE			
NAME JACKSON, GARY L				3.2 NAME			
STREET ADDRESS 207 HILLTOP DR				3.3 STREET ADDRESS			
CITY-ST-ZIP ORANGE PARK FL				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D				4.1 TITLE			
NAME RANDALL, JACKSON				4.2 NAME			
STREET ADDRESS 207 HILLTOP DR				4.3 STREET ADDRESS			
CITY-ST-ZIP ORANGE PARK FL				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 *Marcell Jackson* DATE **4-9-97**

Signature, typed or printed name of registered agent and title if applicable

CR2E034 (9/96)