FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 20 1998 8:00am
Secretary of State

DOCUMENT # K38463   (1)

1. Corporation Name

WORKING WONDERS, INC.

Principal Place of Business	Mailing Address
WORKING WONDERS C.S. INC. **207 HILLTOP DR.** **ORANGE PARK FL 32073** **US**	**207 HILLTOP DR.** **ORANGE PARK FL 32073** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1988**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-2257839**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 _Martell Jackson_   _Martell Jackson_   _4-14-98_
Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
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	
TITLE **VO**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
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	
TITLE **C**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **JACKSON, GARY L**		3.2 NAME	
STREET ADDRESS **207 HILLTIP DR**		3.3 STREET ADDRESS	
CITY-ST-ZIP **ORANGE PARK IL**		3.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _Martell Jackson_   _4-13-98_

CR2E034 (10/97)