**PROFIT CORPORATION** ANNUAL REPORT

1997

REDI WORKERS, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K51417

(9)

## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**FILED** Apr 22 1997 8:00am Secretary of State

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3465 W. BRO P.O. BOX 181		Mailing Address 3465 W. BROWARD BLVD. P.O. BOX 181 FT. LAUDERDALE FL 33302-0181								
						3. Date incorporated or Qualified 12/14/1988 3a. Date of Last Re 05/01/1996				
2. Principal I	Place of Business	2a. Mailing Ad	dress				4. FEI Number 65-0080632	. <del></del>	<b>⊢</b> +	Applied For Not Applicable
Suite, Apt	t #, etc.	Suite, Apt	. #, e1C.		••••	·····	5. Certificate of Status Desired		\$8.75	5 Additional Required
City & Sta	de	City & Sta	te	, mm.eu eu			Election Campaign Financing     Trust Fund Contribution			May Be
Zip 24	Country 25	Zip 29		Count 30	try		This corporation has liability for Florida Statutes	r intangible		s. 199.032,
	9. Name and Address of Curr	ent Registered Ager	nt				10. Name and Address of New i	Registered	Agent	
WI	LLIAMS, PATRICK			6	1	Name				
	65 W. Broward Blvd. . Lauderdale FL 33312			8	2	Street Addre	ess (P.O. Box Number is Not Accept	able)		***************************************
				8	13					
				8	4	City		FL	85 Z	p Code
office or agent. I SIGNATUR <u>E</u>	Signature, typest or profed name of registered a	te of Florida, Such of igations of, Section 6	nange was at 07.0505, Flor	ithorized ida Statul	by les.	the corporati	on's board of directors. I hereby acc	DATE	oointment	as registered
12.	OFFICERS A	ND DIRECTORS	DELETE	1.1 Tiff.			ADDITIONS/CHANGES TO OFF	ICERS AND	Chang	
TITLE	WILLIAMS, PATRICK		DELLIC	1.2 NAM					ELL CHANG	5 Nourion
STREET ADDRESS	4040 MM 42DD TEDD					ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY						
TIFLE	TD		DELETE	2.1 TITU					Chang	e Addition
NAME	WILLIAMS, PATRICK			2.2 NAM	IE					
STREET ADDRESS				2.3 STR	EET /	ADDRESS				
CITY+S1-ZIP	FT. LAUDERDALE FL		,, ,	2. 4 CIT		T-ZiP				
TITLE			DELETE	3.1 T/TL					L Chang	e 🔲 Addition
NAME				3.2 NAM						
STREET ADDRESS				1		ADORESS T. DID				
CITY-ST-ZIP TITLE		Т	DELETE	3.4 CIT	<del></del>	I - ZIP			Chang	e Addition
NAME		<b>4</b>		4, 2 NAM						
STREET ADDRESS						ADORESS				
CITY - ST - ZIP				4.4 CITY			<u> </u>			
TIFLE			DELETE	51 TITL	E				Chang	e Addition
NAME				5.2 NAM	AE.	1				
STREET ADDRESS				53 STA	EET A	ADDRESS				
City-St-ZiP			Decesie	5.4 City		-ZIP			1 05.	
11flF		L	DELETE	6.1 TITL		Ĭ			L Chang	e Addition
NAME				6.2 NAN						
STREET ALIDRESS	5					ADDRESS				
CITY-SL-7iP	İ			6.4 CITY	r-Sl	1-7P I				

14. I do he eby 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:

