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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:48

DOCUMENT # L00349 (5)

1. Corporation Name
WORKING PEOPLE, INC.

Principal Place of Business
%LAURA ANN MCCALL
P.O. BOX 968
OKEECHOBEE FL 34973-0968

Mailing Address
%LAURA ANN MCCALL
P.O. BOX 968
OKEECHOBEE FL 34973-0968

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 617 NE 2ND AVE.
Suite, Apt. #, etc. 22
City & State 23 HALLANDALE FLA
Zip 24 33009 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0205465 Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCALL, LAURA ANN
400 NW 2ND ST
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent
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
Signature (and typed or printed name of registered agent and the capacity)
(NOTE: Registered Agent signature required when resigning)
DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	STEINFELD, STEVEN W.
STREET ADDRESS	1304 SW 160TH AVE SUITE 220
CITY-ST-ZIP	SUNRISE FL
TITLE	P
NAME	ROSENTHAL, JERRY D. ROSENTHAL
STREET ADDRESS	19341 NE 181ST CT 19341 NE 18TH CT
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, to the best of my knowledge, is accurate and complete. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 a 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 above, or on a separately attached sheet with an address.

SIGNATURE JERRY D. ROSENTHAL 2-9-95 305 954 4723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone

0464100 FP