

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L49922** (2)

1. Corporation Name  
**MYOWORK, INC.**

Principal Place of Business

7100 W. COMM. BLVD.  
110  
LAUDERHILL FL 33319  
US

Mailing Address

221 SAN REMO BLVD.  
N. LAUDERDALE FL 33068  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**02/08/1990**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**65-0182986**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **1170 NW 80 AVENUE**

27 Suite, Apt. #, etc.

27 **107**

28 City & State

28 **MARGATE**

29 Zip

29 **33063**

30 Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**DE TROY, FRANK E.  
221 SAN REMO BLVD  
N LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (R.O. Box Number is Not Acceptable)

02 **1170 NW 80 AVENUE**

03 **#107**

04 City

04 **MARGATE**

FL

05 Zip Code

05 **33063**

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

(NOTE: Registered Agent signature required when the filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
DE TROY, FRANK E  
221 SAN REMO BLVD  
N LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **1170 NW 80 AVENUE**

1.4 CITY - ST - ZIP **MARGATE FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this filing or on an attachment with an address.

SIGNATURE:

**FRANK DETROY, PRES**

**4/22/95**

**1742-9713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number