

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG -4 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L49922** (2)
1. Corporation Name
MYOWORK, INC.

Principal Place of Business 1170 NW 80 AVENUE 110 LAUDERHILL FL 33319 US	Mailing Address 221 SAN REMO BLVD. 107 MARGATE FL 33063 US
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2. Principal Place of Business 21 221 SAN REMO BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 221 SAN REMO BLVD Suite, Apt. #, etc.
22	27
23 N. LAUDERDALE FL City & State	28 N. LAUDERDALE FL City & State
24 33068 Zip 25 BROWARD County	29 33068 Zip 30 BROWARD County

3. Date Incorporated or Qualified 02/08/1990	3a. Date of Last Report 05/29/1996
4. FEI Number 65-0182986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FRANK E. DETROY
221 SAN REMO BLVD.
#107
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent
81 Name FRANK DETROY
82 Street Address (P.O. Box Number is Not Acceptable) 221 SAN REMO BLVD
83
84 City N. LAUDERDALE FL 85 Zip Code 33068

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 *Frank Detroy* **FRANK DETROY** DATE **7/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE FRANK DETROY 221 SAN REMO BLVD. N. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002263160--0 -08/11/97--01077--001 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Frank Detroy* **FRANK DETROY** DATE **7/28/97**

CR2E034 (4/97)

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Bruckner & Bruckner, Inc.

Income Tax • Accounting • Payroll
4992 North Pine Island Road
Fort Lauderdale, Florida 33351

Phone (954) 741-0381
Fax (954) 749-6303

July 28, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

Re: MYOWORK INC.

Dear Examiner:

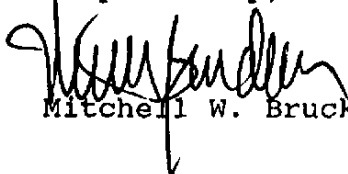
I am writing on behalf of my above captioned client to supply information regarding their 1997 annual report.

My client timely mailed their annual report back in February. A handwritten report was used due to the fact a preprinted report was never received, apparently because of the wrong address being used by the State ("Margate" and "#107").

My client has received the second renewal request, even with the wrong imprinted address. After receiving instructions from one of your telephone representatives this AM, we are providing a copy of the original report, a corrected 2nd report, and a new check for \$165.00. We will stop payment on the originally issued check.

If further information is required, please contact me at the address first written above.

Respectfully,


Mitchell W. Bruckner, EA

MWB/ms

Attachments