

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

0289505

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L70740**

1. Corporation Name

THE CENTER FOR HUMAN WORK FLOW DYNAMICS, INC.



Principal Place of Business

% MARCELLA M. MURRAY
7493 NW 4 STREET
PLANTATION FL 33317
US

Mailing Address

% MARCELLA M. MURRAY
7493 NW 4 STREET
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1990

4. FEI Number

59-3034395

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2269 S University Dr**

Suite, Apt. #, etc.

22 **320**

City & State

23 **Davie, FL**

Zip

24 **33324**

Country

25 **USA**

2a. Mailing Address

26 **2269 S University Dr**

Suite, Apt. #, etc.

27 **320**

City & State

28 **Davie, FL**

Zip

29 **33324**

Country

30 **USA**

9. Name and Address of Current Registered Agent

MURRAY, MARCELLA M.
7493 NW 4TH STREET
PLANTATION FL 33317

*Same agent
new address* →

10. Name and Address of New Registered Agent

81 Name

Marcella M Murray

82 Street Address (P.O. Box Number is Not Acceptable)

2269 S University Dr #320

83

84 City

Davie

FL

85 Zip Code
33324

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MURRAY, MARCELLA M.**

STREET ADDRESS **7493 NW 4 ST**

CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE

NAME **MURRAY, DANIEL N.**

STREET ADDRESS **7493 NW 4 ST**

CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition
Address only

☐ Change ☐ Addition
X Address only

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with a holder like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)