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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02 1998 8:00am

Secretary of State

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # L8277 ORKS USA, INC.	'4 (5	5)			
Principal Place of Business Mailing Address						
17033 N. CLEVELAND AVENUE 17033 N. CLEVELAND AVENUE						
NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Principal P	Place of Business	2a, Mailing Add	net			06/25/1990 4. FEI Number Applied For
21	add of Eddiness	26				65-0198080 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip C		Country	f	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	<u>ol</u>		Personal Properly Tax due June 30. Yes 🐧 No
	g, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
	NK, HELEN			81	Name	
17033 N. CLEVELAND AVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
N.	FT. MYERS FL 33903			83		
				83		
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Flori	da Statutes	the above	e-named co	
office or r	registered agent, or both, in the Sta	te of Florida, Such char	ge was aut	horized by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	in lanina with, and accept the op-	igations or, section 607.	OSOS, FISIK	Ja Siaibie:	٥.	
SIGNATURE	Signature, typed or printed name of registured a	igent and title if applicable	(NOTE: R	Registered Age	ent signature req	quired when reinstating) DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OPST DELETE		1.1 TITLE		Change Addition	
NAME	TANK, HELEN			1.2 NAME		
STREET ADDRESS	17033 N CLEVELAND AVE			1.3 STREET	ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	DE DE	L FTF	1.4 CITY - S	1-7IP	
TITLE			LEIE	2.1 TITLE		Change Addition
NAME AXDSST ADODSSO				2.2 NAME	1000000	
STREET ADDRESS CITY-ST-ZIP				2.3 STREET		
TITLE	<u> </u>	□ DE	LETE	2. 4 CITY-1 3.1 TITLE	51-212	Change Addition
NAME		ے ۔		3.2 NAME	ľ	E Producti
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY - 9		
TITLE		☐ DE	LETE	4.1 TITLE		Change Addition
NAME				4 2 NAME	ļ	
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S	T - ZIP	
TITLE		DE	LETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP			LETE	5.4 CITY - S	1-ZIP	
TITLE		☐ DE	itit	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS	,			6.3 STREET		
CITY-ST-ZIP				6.4 CITY - S	1 - 7P	

14. Thereby 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 of the receiver or trusted 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 any trachment with an address.

SIGNATURE: