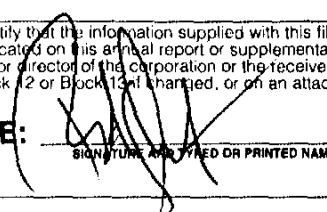


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005306 (5) 1. Corporation Name PROJECT TEAMWORK					
Principal Place of Business 16950 SW 90th Ave. Miami, FL 33157		Mailing Address 16950 SW 90th Ave. Miami, FL 33157			
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified 10/26/94 3a. Date of Last Report 4/30/96 4. FEI Number 65-0526275 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 Morgan, Charles O. Jr. 16950 SW 90th Avenue Miami, FL 33157			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE President - D ☐ DELETE NAME Rick L. Englert STREET ADDRESS 16950 SW 90th Avenue CITY-ST-ZIP Miami, FL 33157 TITLE Vice President - D ☐ DELETE NAME BJ Behnken STREET ADDRESS 16950 SW 90th Avenue CITY-ST-ZIP Miami, FL 33157 TITLE Chairman of the Board - D ☐ DELETE NAME Rev. Tommy Watson STREET ADDRESS 8900 SW 168 St. CITY-ST-ZIP Miami, FL 33157 TITLE Board of Directors - Sec.D ☐ DELETE NAME Scott Todd STREET ADDRESS 12856 Sandy Run CITY-ST-ZIP Jupiter, FL 33478 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.1 TITLE Board of Directors ☐ Change ☒ Addition 1.2 NAME Mark Coats 1.3 STREET ADDRESS 111 NW First Street 1.4 CITY-ST-ZIP Miami, FL 33128 2.1 TITLE Board of Directors ☐ Change ☒ Addition 2.2 NAME Tony Ponceti 2.3 STREET ADDRESS 16950 SW 90th Avenue 2.4 CITY-ST-ZIP Miami, FL 33157 3.1 TITLE Board of Directors ☒ Change ☐ Addition 3.2 NAME Michael Chatman 3.3 STREET ADDRESS 53 NW 93rd Street 3.4 CITY-ST-ZIP Miami, FL 33150 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 does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.					
SIGNATURE: 			Rick Englert, President 5/1/97 305/253-7022 Date Daytime Phone #		

CR2E037 (9/96)