

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005306
1. Corporation Name
PROJECT TEAMWORK, INC.

Principal Place of Business 16950 SW 90th Ave. MIAMI, FL 33157	Mailing Address 16950 SW 90th Ave. MIAMI, FL 33157
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/26/1994	4. FEI Number 65-0526275	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD ENGLERT, RICK	<input type="checkbox"/> DELETE
NAME	16950 SW 90th Avenue	
STREET ADDRESS	MIAMI, FL 33157	
CITY-ST-ZIP		
TITLE	VPD BEHNKEN, B.J.	<input type="checkbox"/> DELETE
NAME	16950 SW 90th Avenue	
STREET ADDRESS	MIAMI, FL 33157	
CITY-ST-ZIP		
TITLE	BOD CHATMAN, MICHAEL REV.	<input type="checkbox"/> DELETE
NAME	53 NW 93RD STREET	
STREET ADDRESS	MIAMI, FL 33157	
CITY-ST-ZIP		
TITLE	BODS TODD, SCOTT	<input type="checkbox"/> DELETE
NAME	12856 SANDY RUN	
STREET ADDRESS	JUPITER, FL 33478	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	BOD REV. TOMMY WATSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	19900 SW 260 STREET	
1.3 STREET ADDRESS	HOMESTEAD, FL 33031	
1.4 CITY-ST-ZIP		
2.1 TITLE	BOD MARK COATS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	17820 SW 112 COURT	
2.3 STREET ADDRESS	MIAMI, FL 33157	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	7000002435867	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	02/20/98--01014--018	
6.3 STREET ADDRESS	***70.00	
6.4 CITY-ST-ZIP		

14. I 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 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** 2/12/98 (305)253-7022

DATE DAYTIME PHONE #

CR2E037 (10/97)