


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		

FILED

99 JUN -7 PM 3: 37

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 14540 SW 136 ST. Suite, Apt. #, etc. 22 SUITE 202 City & State 23 MIAMI, FL Zip 24 33186		2a. Mailing Address 26 14540 SW 136 ST. Suite, Apt. #, etc. 27 SUITE 202 City & State 28 MIAMI, FL Zip 29 33186		3. Date Incorporated or Qualified 10/26/1994 4. FEI Number 65-0526275 Applied For 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	
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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) 14540 SW 136 ST., SUITE 202 83 84 City MIAMI FL 85 Zip Code 33186			
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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	PD	<input type="checkbox"/> DELETE	
NAME	ENGLERT, RICK		
STREET ADDRESS	16950 SW 90TH AVE.		
CITY-ST-ZIP	MIAMI FL 33157		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	BEHNKEN, B.J.		
STREET ADDRESS	16950 SW 90TH AVE.		
CITY-ST-ZIP	MIAMI FL 33157		
TITLE	BOD	<input checked="" type="checkbox"/> DELETE	
NAME	CHATMAN, MICHAEL REV.		
STREET ADDRESS	53 NW 93RD STREET		
CITY-ST-ZIP	MIAMI FL 33157		
TITLE	BODS	<input type="checkbox"/> DELETE	
NAME	TODD, SCOTT		
STREET ADDRESS	12856 SANDY RUN		
CITY-ST-ZIP	JUPITER FL 33478		
TITLE	BOD	<input type="checkbox"/> DELETE	
NAME	WATSON, TOMMY REV		
STREET ADDRESS	19900 SW 260 STREET		
CITY-ST-ZIP	HOMESTEAD FL 33031		
TITLE	BOD	<input checked="" type="checkbox"/> DELETE	
NAME	COATS, MARK		
STREET ADDRESS	17820 SW 112 COURT		
CITY-ST-ZIP	MIAMI FL 33157		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS	14540 SW 136 ST., SUITE 202		
1.4 CITY-ST-ZIP	MIAMI, FL 33186		
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS	14540 SW 136 ST., SUITE 202		
2.4 CITY-ST-ZIP	MIAMI, FL 33186		
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	900002896929--4		
4.3 STREET ADDRESS	-06/07/99--01112--016		
4.4 CITY-ST-ZIP	*****61.25 *****61.25		
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS	14588 SW 142 CT. CIRCLE SOUTH		
5.4 CITY-ST-ZIP	MIAMI, FL 33186		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:  DIRECTOR, RICK ENGLERT 6/3/99 305-253-7022 x29
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002669

CR2E037 (11/98)