

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005715 (5)**

1. Corporation Name

**WORK AMERICA, INCORPORATED**



Principal Place of Business <b>3802 NE 6 AVE MIAMI FL 33137 SEE BELOW</b>	Mailing Address <b>3802 NE 6 AVE MIAMI FL 33137 SEE BELOW</b>
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3. Date Incorporated or Qualified <b>11/05/1996</b>	
4. FEI Number <b>65-0730047</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 3050 Biscayne Blvd</b> Suite, Apt. #, etc. <b>22 Suite # 501</b> City & State <b>23 Miami, Fla.</b> Zip <b>24 33139</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 <b>COLEMAN, HERBERT J 3802 NE 6 AVE MIAMI FL 33137</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, MARVA</b>	1.2 NAME	
STREET ADDRESS	<b>3802 NE 6 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, AUDREY M</b>	2.2 NAME	
STREET ADDRESS	<b>1922 S ARCH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72206</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, BRIGETTE</b>	3.2 NAME	
STREET ADDRESS	<b>2106 SCOTT STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72206</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, HERBERT J</b>	4.2 NAME	
STREET ADDRESS	<b>1830 N.E. 147ND ST, #1S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **HERBERT J. COLEMAN** 2/2/98 (805) 526-3333

CR2E037 (10/97)