

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90179 010 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT #**

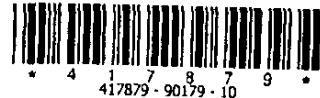
1. Corporation Name

Work America, Incorporated

Principal Place of Business

Mailing Address

3050 Biscayne Blvd., #501  
 Miami, FL 33137



|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                         |  |
| 21 Same                        |  | 28 Same             |  | November 5, 1996  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22 Same                        |  | 27 Same             |  | 65-07-30047   |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |  | 26                  |  | \$8.75 Additional Fee Required                            |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing <input type="checkbox"/>   |  |
| Country                        |  | Country             |  | \$5.00 May Be Added to Fees                               |  |
| 24                             |  | 25                  |  | 29  |  |
| 30                             |  | 31                  |  | 32  |  |

9. Name and Address of Current Registered Agent

Herbert J. Coleman  
 700 N.E. 26th Terrace, #1203  
 Miami, FL 33137

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   |             |

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                       |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|------------------------------|---|---|
| TITLE <input checked="" type="checkbox"/> DELETE | Chairman                     | 1.1 TITLE <input checked="" type="checkbox"/> DELETE  | Chairman <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME   | Herbert J. Coleman           | 1.2 NAME  | Wesley Kirk   |
| STREET ADDRESS                                   | 700 N.E. 26th Terrace, #1203 | 1.3 STREET ADDRESS                                    | P. O. Box   |
| CITY-ST-ZIP                                      | Miami, FL 33137              | 1.4 CITY-ST-ZIP                                       | Ardmore, Oklahoma 73402   |
| TITLE <input checked="" type="checkbox"/> DELETE | Treasurer                    | 2.1 TITLE <input checked="" type="checkbox"/> DELETE  | Parliamentarian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME   | Audrey Coleman               | 2.2 NAME  | Colette Hall  |
| STREET ADDRESS                                   | 1922 South Arch Street       | 2.3 STREET ADDRESS                                    | 8753 Cleary Blvd.   |
| CITY-ST-ZIP                                      | Little Rock, AR 72206        | 2.4 CITY-ST-ZIP                                       | Pilantation, FL 33324   |
| TITLE <input checked="" type="checkbox"/> DELETE | Secretary                    | 3.1 TITLE <input checked="" type="checkbox"/> DELETE  | Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | Brigitte Williams            | 3.2 NAME  | Sylvester Jackson   |
| STREET ADDRESS                                   | 2106 Scott Street            | 3.3 STREET ADDRESS                                    | 4851 N.W. 21st Street   |
| CITY-ST-ZIP                                      | Little Rock, AR 72206        | 3.4 CITY-ST-ZIP                                       | Lauderhill, FL 33313  |
| TITLE <input type="checkbox"/> DELETE            | Member                       | 4.1 TITLE <input checked="" type="checkbox"/> DELETE  | Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | Denise Straham               | 4.2 NAME  | Ed Norwood  |
| STREET ADDRESS                                   | 12333 Southridge Drive       | 4.3 STREET ADDRESS                                    | P.O. Box 6049   |
| CITY-ST-ZIP                                      | Little Rock, AR 72212        | 4.4 CITY-ST-ZIP                                       | Tallahassee, FL 32310   |
| TITLE <input checked="" type="checkbox"/> DELETE | D                            | 5.1 TITLE <input checked="" type="checkbox"/> DELETE  | Vice Chairperson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME   | Marva MacDonald              | 5.2 NAME  | Denise Straham  |
| STREET ADDRESS                                   | 3802 N.E. 6th Avenue         | 5.3 STREET ADDRESS                                    | 12333 Southridge Drive  |
| CITY-ST-ZIP                                      | Miami, FL 33137              | 5.4 CITY-ST-ZIP                                       | Little Rock, AR 72212   |
| TITLE <input type="checkbox"/> DELETE            |                              | 6.1 TITLE   | T - PRESIDENT/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME   |                              | 6.2 NAME  | HERBERT J. COLEMAN  |
| STREET ADDRESS                                   |                              | 6.3 STREET ADDRESS                                    | 700 N.E. 26th TERRACE #1203   |
| CITY-ST-ZIP                                      |                              | 6.4 CITY-ST-ZIP                                       | MIAMI, FL 33137   |

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 117, 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:** Herbert J. Coleman, Pres/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Herbert J. Coleman* 4/14/99 (305) 576-3333

CR2E037 (1/198)