


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000006225 (4)**

1. Corporation Name

**WORKING TOWARD THE FUTURE, INC.**



|   |  |
|---|--|
| Principal Place of Business                                 | Mailing Address  |
| <b>574 SABAL PALM CIRCLE<br/>ALTAMONTE SPRINGS FL 32701</b> | <b>574 SABAL PALM CIRCLE<br/>ALTAMONTE SPRINGS FL 32701-2670</b> |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/05/1996</b> | 3a. Date of Last Report<br><b>12/03/96</b> |
|--|--|

|                                |                               |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address           |
| 21 <b>218 Lake Gene Drive</b>  | 26 <b>218 Lake Gene Drive</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.           |
| 22                             | 27                            |
| City & State                   | City & State                  |
| 23 <b>LONGWOOD, FL</b>         | 28 <b>LONGWOOD, FL</b>        |
| Zip                            | Zip                           |
| 24 <b>32779</b>                | 29 <b>32779</b>               |
| Country                        | Country                       |
| 25 <b>USA</b>                  | 30 <b>USA</b>                 |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3349251</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent                                |  |
| <b>FREITES, WILLY<br/>574 SABAL PALM CIRCLE<br/>ALTAMONTE SPRINGS FL 32701</b> |  |

|   |                            |
|---|----------------------------|
| 10. Name and Address of New Registered Agent          |                            |
| 81 Name   |                            |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>218 Lake Gene Drive</b> |
| 83  |                            |
| 84 City   | <b>LONGWOOD, FL</b>        |
| 85 Zip Code   | <b>32779</b>               |

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 Willy Freitas - Willy Freitas | Director 02/28/97  
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 type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | <b>President</b>  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>Americo Perez, Jr.</b>   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | <b>440 East Citrus St.<br/>Altamonte Springs, FL 32701</b>        |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | <b>Secretary</b>  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>LINDA PEREZ</b>  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | <b>440 East Citrus St.<br/>Altamonte Springs, FL 32701</b>        |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  | <b>TINA Freitas / VP</b>  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>218 Lake Gene Drive</b>  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | <b>Longwood, FL 32779</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  | <b>DAVID QUIRUS / VTD</b>   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | <b>1000 South Semoran Blvd.</b>                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32811</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  | <b>Willy Freitas / Director</b>                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    | <b>218 Lake Gene Drive</b>  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       | <b>Longwood, FL 32779</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  | <b>Anthony Freitas / T</b>  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | <b>8226 Woodworth Drive</b>                                       |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32817</b>  |

14. I do 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: Willy Freitas | Willy Freitas 02/28/97 (407)786-9471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #

CR2E037 (9/96)