## FILE NOW: FILING FEE IS \$61.25

NOMPROFIT • CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # N9700001496 (5)

FILED
May 19 1998 8:00am
Secretary of State

POWER IN THE WORKPLACE, INC.											
Principal Plac	e of Business	Mailing Address					F 10011109 010 10111 10011 1	I BUUL BANKI BBANK BA	III UUIUI 1606 UIB10 I		
1218 SEMINOLE DR 1218 SEMINININDIAN HARBOUR BEACH FL 32937-4123 INDIAN HARB			NOLE DR IRBOUR BEACH FL 32937-4123			3. Date Incorporated or Qualified 03/12/1997					
					_		4. FEI Number			oplied For of Applicable	
21	Place of Business	2e. Mailing Address 26					5. Certificate of Status De	sired 🔲	<b>\$8.75</b> Fee Re		
Sulte, Apt.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees					
City & State		City & State 28				7. Is this nonprofit corporation a homeowners association?					
Zip 24	Country Zip 25 29 30			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of	New Register	red Agent		
					Name	9					
SPICER, CAROL D 1218 SEMINOLE DR				82	Stree	Addres	ddress (P.O. Box Number is Not Acceptable)				
INDIAN HARBOUR BEACH FL 32937-4123				83 84	City				- 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  Signature, typed or profiled hemic of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
Signature, typed or pretted name of registered agent and title if applicable (NOTE: Regis  12. OFFICERS AND DIRECTORS  1					nt signatu	re required	ADDITIONS/CHANGES T	O OFFICERS		S IN 12	
TITLE	<u></u>			TLE		Ţ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011102110	Change	Addition	
NAME	Presided Druke Spicer		1.2 N						•	ļ	
STREET ADDRESS	1318 Suminale Drive	_	1.3 \$TR								
CITY-ST-ZIP	Indian Herbour Beachfu 32437			1.4 CITY-ST-ZIP							
TITLE	Op. Treasurer heat Constance & Sheat 9542 Sundance Dri	DELETE	2.1 T	2.1 TITLE					Change	☐ Addition	
NAME	Constance & mean	*Y	2.2 NA		AME						
STREET ADDRESS	9542 SUNJAKER ST.		2.3 \$1		STREET ADDRESS						
CITY-ST-ZIP	Orlando, FL 32828				ST-ZIP	↓			<del></del>		
TITLE	Speciation DELETE			3.1 TITLE					<sup>™</sup> ☐ Change	Addition	
NAME	H. Danie I h Theat ley 3165 N. Atlantic Ave HB205			3.2 NAME 3.3 STREET ADDRESS							
STREET ADDRESS	Cocon Bench, FL 32	431									
CITY-ST-ZIP TITLE	Director Chan of Grand DELETE			3.4. CITY-ST-ZIP 4.1 TITLE			<del></del>		Change	Addition	
NAME	Frederick Maffeo			4. 2 NAME							
STREET ADDRESS	1785 VIACAPA			4.3 STREET ADDRESS							
CITY-ST-ZIP	Merrith Island, FC	35025		TY - \$							
TITLE	Disoctor. DELETE			5.1 TITLE			<u> </u>		☐ Change	Addition	
NAME	March 1 Constant		5.2 N	5.2 NAME							
STREET ADDRESS	Site Hite Beach, FL 32937 Directors			5.3 STREET ADDRESS						ĺ	
CITY-ST-ZIP	Satellite Beach, FL 32937 5			TY-S	T-ZIP	<u> </u>					
TITLE	Directors DELETE 6.1		6.1 TI	TLE		"			☐ Change	☐ Addition	
NAME	ADDRESS 299 N. Atlantic Aur # 603			6.2 NAME						ļ	
STREET ADDRESS	THE WEST	6.3 STREET ADDRESS									
CITY-ST-ZIP	Coccer Beach, FC 32"31			TY - S	T-ZIP	lad E. C.	notion 110 07/0\/3\ Figure 0	Divided 1 & oft -	a noviii, sh +s si -	Informatica	
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 appendixes.											