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Secretary of State

03-03-1999 90107 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002841			
1. Corporation Name FLORIDA CROWN WORKFORCE DEVELOPMENT BOARD/WAGES COALITION, INC.			
Principal Place of Business 2300 S.E. 17TH STREET, STE. 1000 Ocala FL 34471		Mailing Address 2300 S.E. 17TH STREET, STE. 1000 Ocala FL 34471	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 1800 N. Main Street		26. 1800 N. Main Street		05/15/1998	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	
22.		27. P.O. Box 1030		59 353 1927	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Gainesville, FL		28. Gainesville, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24. 32602 25. USA		29. 32602 30. USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SKINNER, THOMAS E JR. 2300 S.E. 17TH STREET, STE. 1000 Ocala FL 34471				81. Name Paul Silverman	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				1800 N. Main Street	
				83.	
				84. City	
				Gainesville FL	
				85. Zip Code	
				32602	
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 <i>Paul Silverman</i> DATE 2/5/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYRE, RALPH	1.2 NAME	TYRE, RALPH
STREET ADDRESS	P.O. BOX 235 (N/A)	1.3 STREET ADDRESS	40 R+R CITY 90, C.R. 349 + U.S. 19
CITY-ST-ZIP	OLD TOWN FL 32680	1.4 CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYETTE, GREG	2.2 NAME	BOYETTE, GREG
STREET ADDRESS	RT. 12, BOX 68-F	2.3 STREET ADDRESS	RT 12, BOX 68-F
CITY-ST-ZIP	LAKE CITY FL 32025	2.4 CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, BETTY	3.2 NAME	LEE, BETTY
STREET ADDRESS	P.O. BOX 783 (N/A)	3.3 STREET ADDRESS	314 N.W. 11TH AVE
CITY-ST-ZIP	TRENTON FL 32693	3.4 CITY-ST-ZIP	TRENTON, FL 32693
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

Ralph C. Tyre **Ralph C. Tyre** 2-11-99 352-542-7783
 Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (11/98)