

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18896** (1)

1. Corporation Name
WORKING SOLUTIONS INCORPORATED



Principal Place of Business Mailing Address
4305 N. MERIDIAN AVE. MIAMI BEACH FL 33140

3. Date Incorporated or Qualified **04/20/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **11-2572077** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**ANECKSTEIN, MICHAEL
4305 N. MERIDIAN AVE.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE *Michael Aneckstein* *Michael Aneckstein* 3/6/96
DATE

12. OFFICERS AND DIRECTORS
12.1 TITLE DELETE
NAME **VM ANECKSTEIN, MICHAEL**
STREET ADDRESS **4305 N. MERIDIAN AVE. MIAMI BEACH FL**
CITY, ST, ZIP
12.2 TITLE DELETE
NAME **PS ANECKSTEIN, RAQUEL**
STREET ADDRESS **4305 N. MERIDIAN AVE. MIAMI BEACH FL**
CITY, ST, ZIP
12.3 TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.4 TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.5 TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE Change Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE Change Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE Change Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Aneckstein* *Michael Aneckstein* 3/6/96 (305) 672-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)