## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18896

(1)

WORKING SOLUTIONS INCORPORATED

Principal Place of Business Mailino Address 4305 N. MERIDIAN AVE. 4305 N. MERIDIAN AVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1988 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 11-2572077 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANECKSTEIN, MICHAEL 4305 N. MERIDIAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 R. Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE TITLE ANECKSTEIN, MICHAEL 1.2 NAME NAME 4305 N. MERIDIAN AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PS ANECKSTEIN, RAQUEL 2.2 NAME NAME 4305 N. MERIDIAN AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

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3.3 STREET ADDRESS

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**6.3 STREET ADDRESS** 

3.4. CITY - ST - ZIP

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Mar 13 1998 8:00am

Secretary of State