FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 26 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008765 (9)

1. Corporation Name

WORKFORCE ALTERNATIVE, INC.

Principal Place of Business: ~~1001 GULF LIFE TOWER JACKSONVILLE FL 32207~~

Mailing Address: ~~1001 GULF LIFE TOWER JACKSONVILLE FL 32207~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/30/1992	04/20/1994

4. FEI Number: 59-3150988 — 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 1301 Riverplace Blvd.	26 1301 Riverplace Blvd.
Suite, Apt #, etc: 22 Suite 1901	Suite, Apt #, etc: 27 Suite 1901
City & State: 23 Jacksonville, FL	City & State: 28 Jacksonville, FL
Zip: 24 32207 Country: 25 U.S.	Zip: 29 32207 Country: 30 U.S.

9. Name and Address of Current Registered Agent

LANDAU, FRANCINE C
~~500-501 LAW EXCHANGE BLDG~~
~~24 NORTH MARKET STREET~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: Landau, Francine C
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1950
84 City: Jacksonville FL 85 Zip Code: 32207

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. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	HACK, CYNTHIA	1.2 NAME	
STREET ADDRESS	~~1001 GULF LIFE TOWER~~	1.3 STREET ADDRESS	1301 Riverplace Blvd, Suite 1901
CITY ST ZIP	~~JACKSONVILLE FL~~	1.4 CITY ST ZIP	Jacksonville, FL 32207
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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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)(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.

SIGNATURE: Cynthia C Hack, Cynthia C HACK 4/6/95 904 3985464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0408310 FP