

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000008765 (9)

1. Corporation Name  
WORKFORCE ALTERNATIVE, INC.



Principal Place of Business

1301 RIVERPLACE BLVD  
SUITE 1901  
JACKSONVILLE FL 32207  
US

Mailing Address

1301 RIVERPLACE BLVD  
SUITE 1901  
JACKSONVILLE FL 32207-9062  
US

2. Principal Place of Business

21 1301 Riverplace Blvd  
Suite, Apt. #, etc.

22 Suite 700

23 Jacksonville, FL  
City & State

24 32207  
Zip

25  
Country

2a. Mailing Address

26 1301 Riverplace Blvd  
Suite, Apt. #, etc.

27 Suite 700

28 Jacksonville, FL  
City & State

29 32207  
Zip

30  
Country

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

04/10/1996

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

9. Name and Address of Current Registered Agent

LANDAU, FRANCINE C  
1301 RIVERPLACE BLVD  
SUITE 1950  
JACKSONVILLE FL 32207

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HACK, CYNTHIA  
STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1901  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Paula E. Whipple

4/18/97

904-258-5414

CR2E034 (9/96)