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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000009262 (6)

WORKING PLATFORMS, INC.

Principal Place of Business Mailing Address							•				IO SORAL ISONO UNI	JO FAUT TO BE	
850 SE 7TH STREET SUITE A DEERFIELD BCH. FL 33441			30 BO	4800 N. FEDERAL HWY. 307-B BOCA RATON FL 33431-5188 US						1 2 2	200		
									3, Date Incorporated or Qualified 12/02/1992 3a, Date of Last Report 06/27/1996				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		<del> </del>	oplied For	
21				Suite, Apt. #, etc.					65-0416794			ot Applicable Additional	
Suite, Apt. #, etc.				27					5. Certificate of Status Desired		Fee R	equired	
City & State				City & State					6. Election Campaign Financing	$\Box$	,	May Be	
Zip Country			26	Zip Gountry					Trust Fund Contribution	intensibl		to Fees	
24]	25	oonay	29	<u></u> ⊢ ⊢ ⊢			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
£4)		ddress of Current		ered Agent		$\top$			10. Name and Address of New Re	gistered			
CAP	SERVICE COR	<del> </del>			,	81	Nami	9			· · · · · · · · · · · · · · · · · · ·		
	N. FEDERAL H					82	Stree	t Addre	ss (P.O. Box Number is Not Acceptat	ile)			
STE, 307-B							0.100		33 (1.0. 00) 10 110 110 110 110				
BOCA RATON FL 33431													
•						84	Cily			Fl	85 Zip	Code	
44 Pureuant t	to the provisions of	Sections 607 0502	and 6	07 1508 Florida St	atules the	 Node	e-name	d corne	pration submits this statement for the p	azontuc	of changing i	ts registered	
ar no eoiffo	egistered agent, o	r both, in the State of accept the obliga	of Florid	ia. Such change w	as authoriz	ed b	y the co	rporatio	on's board of directors. I hereby acce	pt the ap	pointment as	registered	
•	in izamilar wim, am	d accept the obliga	וט פווטיו	, 3601011 007.0300	7, FIORIOG 51	(BILLIO							
SIGNATURE .	Signature, typed or printe	nd name of registered agen	r and tile	d applicable	(NOTE Begiste	red Ag	ant signate	ro require:	d when reinstating)	DATE			
12.		OFFICERS AND	DIREC		13	3,			ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	DPS	m.a.		[ ] DELETE	1.1	THILE					L Change	Addition	
NAME	BERGENDAHL				1,2	NAME							
STREET ADDRESS		STREET SUITE A					1 ADDRESS	3					
CITY-ST-ZIP	DEERFIELD B	UH. FL 33441		DELETE			ST-ZIP	- <del> </del>			Change	Addition	
TITLE						TITLE		1			L. Change	☐ Vacilion	
NAME						NAME		,					
STREET ADDRESS							T ADDRESS	`					
CITY-ST-ZIP TITLE				DELETE		TITLE	-ST-ZIP	+-			Change	Addition	
NAME				_	3,2	NAME							
STREET ADDRESS					3,3	STREE	T ADDRES	3					
CITY-ST-ZIP					3,4	L CITY	ST-ZIP						
TITLE				DELETE	4.1	TITLE					Change	Addition	
NAME					4.	2 NAME	:						
STREET ADDRESS					4.3	S \$1REE	t addres	s					
CITY-ST-ZIP							ST-ZIP	<b>.</b>				T Tables	
TITLE				☐ DELETE		ITITLE		-			☐ Change	Addition	
NAME						NAME						!	
STREET ADORESS					· ·		T ADDRES	S					
CITY-ST-ZIP				DELETE		1 CITY- 1 TITLE	S1-ZIP				Change	Addition	
TITLE NAME				_ pecce		NAME					Augusto.		
STREET ADDRESS							T ADDRES	s					
CITY-ST-ZIP							ST - ZiP	_					
54 I do here!	by certify that the i	nformation supplied	with th	nis filing does not o	qualify for I	ne ex	emotion	stated	in Section 119.07(3)(i), Florida Statut	es. I furth	ner certify tha	t the	
									my signature shall have the same leg as required by Chapter 607, Florida				

66 MG7 656 100 000

**FILED** 

May 02 1997 8:00am

Secretary of State