03-10-1999 90262 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # DO2000026402

 Corporation 	WORKS, INC.	0020403					
Principal Place of Business Mailing Address							F100 1111 1091
990 W ST RD 84 990 W ST RD 84 FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 3331 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 04/05/1993		
2 Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
22 + Hitchest 1200 07 200 1100 0					65-0407892	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Red		
22 27 27 City & State City & State					6. Election Campaign Financing	\$5.00	
City & State		28			Trust Fund Contribution	Added to	
Zip 24	Country 25	Zip 29 3	Country	•	This corporation owes the current year learning Personal Property Tax.		□No
47	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
			81	Name			,
Bohne, Edward J. II 990 w St RD 84			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33315		83		· · · · · · · · · · · · · · · · · · ·		
			84	City	· F	85 Zip C	ode
agent. I a	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE. R	Registered Ager	nt signature required			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PST FRANCE LIN	☐ DELETE	1.1 TITLE			□ change	
NAME	BOHNE, EDWARD J II		1.2 NAME	T 4 D D D F 60			
STREET ADDRESS	990 W ST RD 84		1	TADDRESS			,
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL VP DELETE		1.4 CITY-S 2.1 TITLE	1-219		Change	☐ Addition
NAME			2.2 NAME		•		
STREET ADDRESS	990 W ST RD 84			TADDRESS		*** * *	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP				
TITLE			3.1 TITLE			☐ Change	Addition
NAME	3.2		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP			- Address
TITLE			4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-S	IT-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		₩ DEFE IS	5.1 TITLE 5.2 NAME		,	د استان	,
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S		•		}
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITLE		<u> </u>	☐ Change	Addition
NAME			6.2 NAME				,
OTDEET ADODESO	_	,	6.3 STREE	TADDRESS	man A work and		-

supplied with this filing odes not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the receiver of this tele and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver of this tele empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attacking in the receiver of the rece 14. I hereby certify that the information s indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

J. BOHNETT,