FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

P93000039836 (0) **DOCUMENT #**

THEWORKS BY I & I INC

INEVA	DING DI J & J, INC.												
Principal Place	of Business	Mail	ling Address						<u> </u>	110 12106 1	BIOD !!!!# B!!! !BB!		
	ANDS LANE S.W. DALE FL 33312		5501 WOODLANDS LANE S.W. FT. LAUDERDALE FL 33312										
								3. Date incorporated or Qualified 06/04/1993	3a. Date	of Last 4/04/1			
2. Principal Pa	ce of Business	2a. 26	Mailing Address					4. FEI Number 65-0421991			Applied For Not Applicable		
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State					Election Campaign Financing Trust Fund Contribution			00 May Be		
 23 Zip	Country	28	 Zip	Co	untry			This corporation has liability for	intopolita to		e 199 032		
24	25	29	,	30	a. iti y				iii.angkiis ta	x dilicie.	3 133.032,		
=-	9. Name and Address of Curre		ered Agent		7			10. Name and Address of New I		Agent			
		,· -			81	Name	0						
WILLIAM	ISON, JOSEPHINE S				82	Stree	t Addre	ss (P.O. Box Number is Not Acceptal	ole)				
	DODLANDS LANE S.W.												
FT. LAU	DERDALE FL 33312				83								
					84	City			FL	85	Zip Code		
familiar witi SIGNATURE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Senature, typed or printed name of registered ag	ction 607.0	605, Florida Statute	S.				of directors. Thereby accept the app	oointment as 941£	registere	ed agent. Farn		
12.	OFFICERS A	ND DIRECTORS 1			13.			ADDITIONS/CHANGES TO OF					
TITLE	D	_	DELETE	1. 1	TITLE					Changi	e 🔲 Addition		
NAME	WILLIAMSON, JOSEPHINE			1.2	NAME								
STREET ADDRESS	5501 WOODLANDS LANE FT. LAUDERDALE FL 3331					ADDRESS	S						
CITY-ST-ZIP TITLE	D D		DELFIE	_	CHY-S TITLE	I - ZIF			1	Change	e Addition		
NAME	WILLIAMSON, JOHANN E				NAME					پ»			
STREET ADDRESS	5501 WOODLANDS LANE	S.W.				ADDRESS	s						
CHTY-ST-ZIP	FT. LAUDERDALE FL 3331	2		2.4	CITY - S	T - ZIP	1						
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CITY - ST- ZIP					o neer CHY-S		Ĭ						
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NAME			_		NAME								
STREET ADDRESS				5 3	STREET	ADDRESS	s						
CITY-ST-ZIP					CITY - S								
TITLE			DELETE	6 1	TITLE]	Chang	e Addition		
NAME				. 62	NAME								
STREET ADDRESS				63	STREET	ADDRES:	ŝ						

64 CITY-ST-ZIP

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)(k). 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 cath, 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

STEED WILLIAM OF SIGNING OFFICER OR DIRECTOR

2/21/96 954-986-0708

CR2E034 (12/95)