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

PROFIT CORPORATION ANNUAL REPORT 1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOMACIAS (O)

FILED May 19 1998 8:00am Secretary of State

1. Corporation		WORK SYSTEMS, INC.	(0)						
Principal Place	of Business	Mailing Address			-	00) 10 17		# 1101 1051	
4848 W GANDY BLVD TAMPA FL 33611		TAMPA FL 33611	4848 W GANDY BLVD TAMPA FL 33611		DO NOT WRITE IN THIS SPACE				
US		U\$			3. Date Incorporated or Qualifin				ı
					06/07/1993	-			ı
2 Principal Pl	ace of Business	2a, Mailing Addre	95\$		4. FEI Number	,	Ar	plied For	ı
21		<u>├</u> ¬	26		59-3239497	Not App		t Applicable	ı
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional		
22		27	27		6. Certificate of Status Desired	Fee Required			ı
City & State		City & State	City & State		Election Campaign Financing				į
23		28			Trust Fund Contribution	<u> </u>			İ
Zip	├┐ ´ ├ ┐		Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	25	29 of Current Registered Agent	30			e and Address of New Registered Agent			
			8.	Name /					1
	C or poration systei 0 6 pine Island RD	M			UQNN VOIDI	otetech /			l
	INTATION FL 33324		8:		ress P.O. Box/Number is Not Acce	"ISIVd			l
PLA	MINION FL 33324		8:	3					
				1 01			85 Zip	Code	
			6-	' 1	rmb3	FL	3	Code	
11. Pursuant	to the provisions of Section	s 607.0502 and 607.1508, Florid	la Statutes, the abo	ve-named corp	poration submits this statement for t tion's board of directors. I hereby a	ne purpose of	changing if	is registered	
office or re agent. La	egistere d agent, or both, in m fa miliar with, and accept	n the State of Honda. Such chan Lthe obligations of, Section 1927.	ge was authorized t 0505, Florida Statut	es. corpora	lion's board of directors. Thereby a	.cepi ine app	- A	16gistorea	
SIGNATURE	- ×					11201	98		
SIGNATIONS	Signature, typed or printed harrier of i	-11-	(NOTE: Registered A	ge il signature requ	red when reinstating)	DATE	DIDECTOL	OC IN 12	18
1	OFT	CHS AND DIRECTORS DE	13. LETE 1,1 TITLE		ADDITIONS/CHANGES TO O	PRICERS AINL	Change	Addition	(10/97
TITLE	- 1 U		1.2 NAM			•			
NAME VOLPI, VINCENT L JR. STREET ADDRESS 551 S 3RD ST		M.	1.2 NAIME 1.3 STREET ADDRESS						8
STREET ADDRESS	COLUMBUS OH		14 City-St-ZiP						R2E034
CITY-ST-ZIP TITLE	D D	DELETE 2			President		Change	Addition	Ö
NAME	VOLPI, VAUGHN	VALIGHN 2:			1162.4011			, ,	
STREET ADDRESS	4848 W. GANDY BLV	m.	2.3 STRE	ET ADDRESS					
CITY-ST-ZIP TAMPA FL			2.4 CITY-5		:-				
TITLE	DELETE						Change	Addition	
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STRE	E1 ADDRESS				;	1
CITY-ST-ZIP				1-ST-ZIP			——————————————————————————————————————	4 . 254	-
TITLE	☐ DELĒTE		ELĒTE 4.1 TITLE				Change	Addition	
NAME	1		4. 2 NAN	NE					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				- ST - 7IP			Change	Addition	┨
TITLE				i	*		Change	☐ V00(((0))	
NAME			5.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP	<u> </u>		Change	Addition	ł
TITLE		الا لِــا							
NAME			6.2 NAM	1					1
STREET ADDRESS				EF1 ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	Cartina 410 07/20/0 Florido Statut	an I footbas a	ortify that th	o information	1

14. Thereby 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 concerver or trustops impowered 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 without address.