

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000059062 (8)

1. Corporation Name

TEAMWORKS INTERNATIONAL, INC.



Principal Place of Business

6600 ABEYDON CT
ORLANDO FL 32818

Mailing Address

6600 ABEYDON CT
ORLANDO FL 32818

3. Date Incorporated or Qualified
08/24/1993

3a. Date of Last Report
09/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

25

30

4. FEI Number

59-3198330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

MARSHALL, LAWRENCE J
6600 ABEYDON CT.
ORLANDO FL 32818

81

Name

LANCE L. GIDDENS

82

Street Address (P.O. Box Number is Not Acceptable)

6600 ABEYDON CT

83

84

City

ORLANDO

FL

85 Zip Code

32818

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 the if applicable

LANCE L. GIDDENS PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIDDENS, LANCE L	
STREET ADDRESS	6600 ABEYDON CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIDDENS, TONYA	
STREET ADDRESS	6600 ABEYDON CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, LAWRENCE J	
STREET ADDRESS	960 PIEDMONT OAKS DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, KONNI K	
STREET ADDRESS	960 PIEDMONT OAKS DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENSON, MICHAEL F	
STREET ADDRESS	13836 HARDENBURG TRAIL	
CITY-ST-ZIP	EAGLE MI 48833	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

407-284-4773

Daytime Phone #

CR2E034 (12/95)