

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mottram
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000088265 (2)

To: Secretary of State

WERKS MANAGEMENT, INC.

95 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 14801 GARFIELD DR HOMESTEAD FL 33033 US		2a. Mailing Address 14801 GARFIELD DR HOMESTEAD FL 33033 US		3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 05/01/1994	
2. Principal Officer or Treasurer 21	2a. Mailing Address 26	4. FID Number 65-0484594	Applied For Not Applicable			
22	2b. State Apt. # str	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required			
23	2c. City, V, State	27	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added in Fees		
24	2d. Country	28	7. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent MILLS, PATRICK A 14801 GARFIELD DR HOMESTEAD FL 33033				10. Name and Address of New Registered Agent		
				81. Name		
				82. Street Address (P.O. Box Number is Not Acceptable)		
				83.		
				84. City	FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and principal agent in fee to 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 hereby waiving and accepting the obligation of Sections 607.05(5), Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D MILLS, PATRICK A 14801 GARFIELD DR HOMESTEAD FL 33033	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
NAME	SV THOMPSON, MARGARET 14801 GARFIELD DR HOMESTEAD FL	4. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY, STATE, ZIP		6. STREET ADDRESS	
NAME	T MILLS, WINIFRED 15875 SW 280 ST HOMESTEAD FL	7. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY, STATE, ZIP		9. STREET ADDRESS	
NAME		10. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY, STATE, ZIP		12. STREET ADDRESS	
NAME		13. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
NAME		16. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, STATE, ZIP		18. STREET ADDRESS	
NAME		19. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	
CITY, STATE, ZIP		21. STREET ADDRESS	
NAME		22. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		23. NAME	
CITY, STATE, ZIP		24. STREET ADDRESS	
NAME		25. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		26. NAME	
CITY, STATE, ZIP		27. STREET ADDRESS	
NAME		28. CITY, STATE, ZIP	☐ Change ☐ Addition
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CITY, STATE, ZIP		30. STREET ADDRESS	
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CITY, STATE, ZIP		33. STREET ADDRESS	
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STREET ADDRESS		80. NAME	
CITY, STATE, ZIP		81. STREET ADDRESS	
NAME		82. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		83. NAME	
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NAME		85. CITY, STATE, ZIP	☐ Change ☐ Addition
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CITY, STATE, ZIP		87. STREET ADDRESS	
NAME		88. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		89. NAME	
CITY, STATE, ZIP		90. STREET ADDRESS	
NAME		91. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		92. NAME	
CITY, STATE, ZIP		93. STREET ADDRESS	
NAME		94. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		95. NAME	
CITY, STATE, ZIP		96. STREET ADDRESS	
NAME		97. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		98. NAME	
CITY, STATE, ZIP		99. STREET ADDRESS	
NAME		100. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the information is true and correct, 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 or person empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE:

Margaret Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET THOMPSON

4/27/95

305 248-0015

Date

Telephone Number