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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000012291 (8)

SHOPWORKS, CO.

Principal Place of Business

4835 N.E. 11TH AVENUE OAKLAND PARK FL 33334 Mailing Address

4835 N.E. 11TH AVENUE OAKLAND PARK FL 33334-3932

## FILED May 14 1997 8:00an Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

				02/11/1994	08/07/1996	
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 280		26 2501 N.W.	55° CT.	65-0198491		Not Applicable
Suite Apt.	# OIC. <b>オヿに</b>	Suite, Apt. #, etc.	Œ	5. Certificate of Status Desired		5 Additional Required
City & Stal		City & State	na 61	6. Election Campaign Financing	, m	00 May Be
23 FT. L	Country	28 FT. LAUDER	Country	Trust Fund Contribution	·······	ed to Fees
24 333°	L *		Branka	8. This corporation has liability for	or intangible tax unde Yes	rs. 199.032,
24 50 50 25 Drow ARD 29 0 5 50 30 Drow ARD Florida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent						·
RENEDETTO MADIANNE 81 Name						
	5 N.E. 11TH AVE.		MARIANNE BENEDETTO			
	KLAND PARK FL 33334		Street Address (P.O. Box Number is Not Acceptable)			
63						
84 City 85 . Zip Code						
			LAUDERDALE FL 85 Zip Code  poration 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 tarnitiar with and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE MARIANUS BENEDETTO Signature typed or punied name of registered agent and tille diapplicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		QRS IN 12
TITLE	D	☐ DELETE	1.1 TiTLE	3	Chang	e Addition
NAME	BENEDETTO, MARIANNE		1.2 NAME	MARIANNE BENE	०तार	3
STREET ADDRESS	4835 N.E. 11TH AVE.		1.3 STREET ADDRESS	2801 HW. 55 C	7 476	.   [
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CiTY+ST-ZIP	FF LAUDERDALE,	fl 33300	ነ
TITLE		DELETE	2.1 TITLE		☐ Chang	
NAMÉ.			2:2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS			
CID - S1-ZIP			2 4 CITY - ST - ZIP			
THILE		DELETE	3.1 TITLE		Chang	e Addition
NAME			3.2 NAME			
STREE! ADDRESS			3 3 STREET ADDRESS			-
CHY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 VITLE		Chang	e Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	10	Chang	e Addition
NAMÉ .			5.2 NAME	11	10 11/21	Į
STREET ADDRESS			5.3 STREET ADDRESS	•	( ( , \ \	
City - St - ZiP			5.4 CITY-ST-ZIP		' h'	
TITLE		☐ DELETE	6.1 TITLE	2000001	Chang	e Addition
NAME			6.2 NAME	300002190553 -05/27/9701002023		
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	***15C BB	
CITY-ST-ZIP		1	6.4 CITY+ST-ZIP			
14. I do hereby 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 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.						