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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000048091 (0)

DOCUMENT # P94000

1. Corporation Name

THE WORK CAPACITY CENTER, INC.

	D 1				
Principal Place of		Mailing Address			
	S HWY., \$TE. 38	3728 PHILLIPS HW1 JACKSONVILLE FL			
JACKSONVILLE FL 32207		UNOROUNVILLE PL	orea,	Date Incorporated or Qualified	
				06/23/1994	05/01/1995
. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
ר '	Of Dusiness	26		59-3307861	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	A0060 to 1 003
Žφ	Country	Zip	Country	8. This corporation has liability for in Florida Statutes Yes	ntangibie tax under s 199.032, ☐ No
	25	29	30	10. Name and Address of New R	_
	9. Name and Address of Cur	rent negistereo Agent	81 Name 7		000
5			11 4	OhN H. WIL	BUIL
RASCO,			82 Street Add	ress (P.O. Box Number is Not Acceptab	T Ste 1100
	IILLIPS HWY., STE. 38		83	C WI I VIII V	,
JACKSO	MVILLE FL 32207			· A	Total 7:- Code
•			84 City	k some all as	FL 85 Zip Code 3 2 2 co
	the are injure of Coltions 607.0	502 and 607 1508. Florida Stati	ites the above named corpo	pration submits this statement for the pure	pase of changing its registered offi
register	age At, or both on the State of F	Flor la Such change was authorities in 1907,0505, Florida Statute	ized by the corporation's boo	ard of directors. I hereby accept the artix	ointment as registered agent. I am
familiai wiiii	a loccept the chigations of S		ぴっぱいい	ibur 41	24196
			1 778 141 44 .		<u> </u>
SIGNATURE -	at a charge provide provide and state and a		NOTE: Registered Agent signature reguir	red when reinstating	DATE
	naturo, typed or printed name of registered a OFFICERS			ed when reinstating? ADDITIONS/CHANGES TO OFF	
2.	OFFICERS	agent and title if applicable (NOTE: Registered Agent signature requir	ed when ruinstating: ADDITIONS/CHANGES TO OFF	
2.	OFFICERS D	agent and title it applicable (I	NOTE: Registered Agent signature requir	red when ruinstating: ADDITIONS/CHANGES TO OFF	
IZ. UTLE JAME	OFFICERS D RASCO, E. W	agent and title if applicable () AND DIRECTORS DELETE	NOTE: Registered Agent signature require 13. 1. 1 TITLE	ed when ruinstating: ADDITIONS/CHANGES TO OFF	
2. ITLE IAME STREET ADDRESS	OFFICERS D RASCO, E. W 3728 PHILLIPS HWY., S'	agent and title if applicable (f AND DIRECTORS DELETE	NOTE: Rogistered Agont signature non in 13. 1. 1 TITLE 1.2 NAME	ed when ruinstating: ADDITIONS/CHANGES TO OFF	☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 904-395-57V4