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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000049886 (2)

STU DWORK INTERNATIONAL, INC.

Principal Place of Business Mailing Address 2007 W FERN ST 2007 W FERN ST TAMPA FL 33604 TAMPA FL 33604 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For

IJ		26			59-3253259	Not Applicable	
2	Sulte, Apt. #, etc.	27	Suite, Apt. #, etc.			8.75 Additional Fee Required	
1	City & State	28	City & State		6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
]	Žip Country 25	29	Z(p Cour 30	ntry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	· — ·	
_	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	DWONK, STUART			81	Name		
	TAMPA FL 36604			82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City B:	Zip Code	

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 profed name of registored agent and the if applicable (NO1£ Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE D Change **Addition** TITLE 1.1 TITLE BUEHLER. BECKY DWORK, STUART NAME 1.2 NAME 2007 W FERN ST STREET ADDRESS 1.3 STREET ADDRESS **Tam**pa fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I 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 of suppliemental annual eport 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 of 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 changing, or on an attachmost with an address.

6.4 CITY - ST - ZIP

FILED

Apr 29 1998 8:00am

Secretary of State