

UPDATED ANNUAL REPORT
 F.S. 607.1622 (7)
 Filing Fee: \$61.25

FILED

97 SEP 19 AM 11:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000081358
 1. Corporation Name
~~American Hood Systems, Inc.~~ - name changed
 Workforce Solutions VI Inc. 9-22-97

Principal Place of Business Mailing Address

2. Principal Place of Business 21 380 Columbia Drive Suite Apt. #, etc. 22 Suite 100 City & State 23 West Palm Beach, FL Zip Country 24 33402 25 USA		2a. Mailing Address 26 P O Box 3857 Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip Country 29 33402 30 USA		3. Date Incorporated or Qualified 11/4/94		3a. Date of Last Report 2/25/97	
				4. FEI Number 65-0531433		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name Corporate Creations Enterprises, Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 4521 PGA Boulevard #211			
				83			
				84 City Palm Beach Gardens		85 FL	Zip Code 33418

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]* President DATE: 7/31/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DST Sonya K. Wiegold		1.2 NAME		300002298253--9	
STREET ADDRESS				1.3 STREET ADDRESS		-09/19/97--01085--007	
CITY-ST-ZIP				1.4 CITY-ST-ZIP		*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME		P Richard M. Wiegold Jr.		2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		VP David C. Newkirk Jr.		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME		P James L. Breedlove	
STREET ADDRESS				4.3 STREET ADDRESS		380 Columbia Drive, #100	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		West Palm Beach, FL 33402	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME		ST Laura Nelson	
STREET ADDRESS				5.3 STREET ADDRESS		380 Columbia Drive, #100	
CITY-ST-ZIP				5.4 CITY-ST-ZIP		West Palm Beach, FL 33402	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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; the recipient 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 changed or on an attachment with an address.

SIGNATURE: *[Signature]* James L. Breedlove 8/10/97 561-683-8383

CR2E034 (9/96)