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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

WORK-SAF, INC.

DOCUMENT #

1. Corporation Name P94000081969 (5)

FILED May 05 1998 8:00am Secretary of State



SURIA, Ap J. violc SURIA,	Principal Pla	ce of Business	Mailing Address			. I CONSTRUCT OF THE STATE OF T	1 NOVES TIMEN BOSTE MISTE BASE I	(FE)
2. Principal Place of Business 2.8. Mailing Address 3. Date Incorporation Organises 11/04/1994 31 28								
2. Principal Place of Business 2. Mailing Andress 3. A. Eth Number 1. In/M/1994. 2. Suite. April 4. etc. 2. Suite. April 4. etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Etc. 3. Suite. 4. Suite.	OVIEDO FL	32785	OVIEDO FL 32765			DO NOT WRITE IN TH	IIO ODACE	
2							IIS STACE	 -
2. Mainty Andress 2. Mainty Andress 3. M						· ·		
Sulfa, Ap J. violc Sulfa, Ap	2. Principal	Place of Business	2a. Mailing Address				Applied F	For
Suitc. Appl. #, etc. Suitc. Appl. #, etc.	21		26			59-3275539	Not Appli	
City & State Ci	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				\$8.75 Addition	
25 Zip Country Zip Country Zip Country Added to Fee			27			5. Certificate of Status Desired	Fee Required	i
28 28 28 29 20 29 30 10 20 20 20 20 20 20 2	_	le	City & State			6. Election Campaign Financing	\$5.00 May B	3e
\$\ \text{Name and Address of Current Registered Agent} \ \text{\$\sqrt{\text{Name and Address of Current Registered Agent}} \ \text{\$\sqrt{\text{Name and Address of Current Registered Agent}} \ \text{\$\sqrt{\text{Name and Address of New Registered Agent}} \ \text{\$\text{Name and Address of New Registered Agent}} \ \$\text{Name and Address of New Registered Agent agent Agent agent and Ecoperations board of directors. I hereby accept the epoperation agent and Ecoperations board of directors. I hereby accept the epoperation agent and Ecoperations board of directors. I hereby accept the epoperation agent and Ecoperations board of directors. I hereby accept the epoperation agent and Ecoperations board of directors. I hereby accept the epoperations agent and Ecoperations board of directors. I hereby accept the epoperations agent and Ecoperations board of directors. I hereby accept the epoperations agent and Ecoperations agent and Ec							Added to Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and New Registered Agent 10. Name and Address of New Registered Agent 10. Name and New	— ·	<u>⊢</u> ¬ ′	├ ─┐	├ ── '	y			e
KUBINSKI, LORRAINE L 808 LAGOON DRIVE OWEDO FL 32785 11. Pursuant to the provisions of Sociolous 607.0502 and 607.1508. Florida Statutes, the variety of the provisions of Sociolous 607.0502 and 607.1508. Florida Statutes, the variety of the provisions of Sociolous 607.0502 and 607.1508. Florida Statutes, the variety of the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of changing its registration. It is floridated by the composition submits this statement for the purpose of directors. In hereby according to the purpose of changing its registration. 12. CITY ST. P. 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 1.11 the purpose of directors. In hereby according to the purpose of the purpose	24			30				
Baz Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL S5 Zip Code 85 Zip Code 86 City FL S5 Zip Code 87 City FL S5 Zip Code 88 Street Address (P.O. Box Number is Not Acceptable) 89 City FL S5 Zip Code 89 City FL S5 Zip Code 80 City FL S5 Zip Code 81 City FL S5 Zip Code 82 City FL S5 Zip Code 83 City FL S5 Zip Code 84 City FL S5 Zip Code 85 Zip Code 86 City FL S5 Zip Code 86 City FL S5 Zip Code 86 City FL S5 Zip Code 87 City S5 Zip Code 88 City S5 Zip Code 89 City S5 Zip Code 80 City S5 Zip City S5 Zip Code 80 City S5 Zip City S5 Zip Code 80 City S5 Zip			inent negistered Agent	91	Namo	10. Name and Address of New Hegister	ao Agent	
OWEDO FL 32765 Sa				["	Name			
B3 PL Pursuant to the provisions of Socions 607 05:02 and 607 15:08 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. Lam familiar with, and accept the obligations of, Socions 607 05:05, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. Lam familiar with, and accept the obligations of, Socions 607 05:05, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PS				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Socions 607.05.02 and 607.15.08. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its regisfied or registered agent, or both, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Signature inport or proted since of registered agent and the Flags could. (POT) Registered Agent agrations registed when remaining DAT 12.	U	VIEWU I'L 32/63		po				
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE The company of the composition of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE The company of the composition of the purpose of change is registered agent agentive registered agent. I hereby accept the appointment as regist agent. I hereby accept the appointment a				03	1			
11. Pursuant to the provisions of Sociolos 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registions again, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist again. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNA				84	City		85 Zip Code	
office or registered agent, or both, in the State of Horital Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent and first included to obligations of Socion 607 0506, Florida Statutes. Signature Symbol	44 Durawani	to the provisions of Castiaus COZ	0103 and 007 1500 Florida Ctat.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>			
Signature Sign	office or	registered agent, or both, in the S	tate of Florida, Such change was	authorized by	e-named col y the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	a of changing its registation of changing its register.	stered ared
12.	agent. I a	am tamiliar with, and accept the c	obligations of Section 607.0505, Fli	orida Statute	S.		_	
12. OFFICERS AND DIRECTORS TITLE PS WAME KUBINSKI, LORRAINE L STREET ADDRESS CITY-ST-ZIP OVIEDO FL TITLE VPT MAME WUBINSKI, LEON E STREET ADDRESS CITY-ST-ZIP OVIEDO FL TITLE VPT MAME WUBINSKI, LEON E STREET ADDRESS CITY-ST-ZIP OVIEDO FL TITLE DELETE STREET ADDRESS CITY-ST-ZIP OVIEDO FL TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE S	SIGNATURE	Signature broad or cepted a major register	AlOT	IF Registered Ac	onl o moduro soo	ived when rejectation		
TITLE PS DELETE 117IILE 12 DELETE 117IILE 12 DELETE 12 NAME 1.3 STREET ADDRESS OVIEDO FL 1.4 CITY-ST-ZIP 1.5 DELETE 2.1 NILE 2.3 STREET ADDRESS OUT-ST-ZIP 2.5 DELETE 3.1 NILE 3.2 NAME 3.3 STREET ADDRESS OUT-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.5 STREET ADDRESS OUT-ST-ZIP 3.5 STREET ADDRESS OUT-ST	12.				en angrizatore requ			2
NAME		PS	☐ DELETE			TODITION OF THE		Lddition
CITY-ST-ZIP	NAME	KUBINSKI, LORRAINE L		1.2 NAME				
City-st-zip	STREET ADDRESS	606 LAGOON DRIVE		1.3 STREET	ADDRESS			
DELETE DELETE Change DELETE	CITY-ST-ZIP	OVIEDO FL		1.4 CITY - 9	ST-ZIP			
STREET ADDRESS SOB LAGOON DRIVE	TITLE	VPT	☐ DELETE				Change A	Addition
CITY-ST-ZIP OVIEDO FL 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change // NAME 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP CHANGE // CITY-ST-ZIP 4.1 TITLE Change // // // NAME 4.2 NAME 4.2 NAME //	NAME	KUBINSKI, LEON E		2.2 NAME	ŀ			
TITLE	STREET ADDRESS			2.3 STREET	ADORESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS CITY-ST-ZIP 6.5 STREET ADDRESS CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 NAME 6.8 STREET ADDRESS CITY-ST-ZIP 6.9 NAME 6.9 STREET ADDRESS CITY-ST-ZIP 6.0 Change ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP	OVIEDO FL		2. 4 CITY-1	ST-ZIP			
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE	TITLE		DELETE	3.1 TITLE			Change A	ddition
STREET ADDRESS STRE	NAME			32 NAME				
TITLE DELETE 4.1 TITLE Change 4.7 NAME NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change 4.7 TITLE NAME 5.2 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change AME NAME 6.2 NAME 6.3 STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP G.4 CITY-ST-ZIP G.5 CITY-ST-ZIP G.5 CITY-ST-ZIP G.5 CITY-ST-ZIP G.5 CITY-ST-ZIP G.5 CITY-ST-ZIP G.6 CITY-ST-ZIP G.7 CITY-ST-ZIP	STREET ADDRESS			3 3 STREET	ADDRESS			
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY- ST-ZIP 4.4 CITY- ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY- ST-ZIP 6.4 CITY- ST-ZIP	CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
A 3 STREET ADDRESS A 4 CITY - ST - ZIP	TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Ac	ddilion
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change AME NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change AME NAME 6.1 TITLE Change AME AME AME CITY-ST-ZIP GA STREET ADDRESS GA STREET ADDRESS GA CITY-ST-ZIP G	NAME			4. 2 NAME				
VITLE DELETE 5.1 TITLE Change 7 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change 7 VITLE DELETE 6.1 TITLE Change 7 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			4.3 STREET	ADDRESS			
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change 6.7 NAME NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY - S	IT-ZIP			
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change AME NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Ad	ddition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change 7 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP	NAME 1			5.2 NAME	1			
TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			5.3 STREET	ADORESS			
NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CITY - S	T-ZIP			
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE		DELETE	6.1 TITLE			☐ Change ☐ Ad	ddition
CITY-ST-ZIP 64 CITY-ST-ZIP	NAME			6.2 NAME				
	STREET ADDRESS	,		6.3 STREET	ADDRESS			
44 Thoraby could that the information and admitted to the state of the								
14. Thereby 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information is provided in Section 119.07(3)(iii), Florida Statutes. I further certify that the information is provided in Section 119.07(3)(iii), Florida Statutes.	14. Thereby	certify that the information supplied	ed with this filing does not qualify for	or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the informa	ation
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 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 Block 12 or Block 13 if changed, or or an attachment with an address.	Officer or	director of the corporation or the	receiver or trustee empowered to a	execute this	report as rec	quired by Chapter 607, Florida Statutes; and the	under datir; that i am a at my name appears ir	a⊓ n