## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

P94000087266 (0)

WORKING WELL INC

Principal Place	of Business  COURSE LOOP APEL FL 33544	27329	Address GOLF COURSE LEY CHAPEL FL				<del></del>					
								Date Incorporated or Qualified     11/30/1994	1	te of Last i		
·	ace of Business	2a. Mai	ling Address					4. FEI Number		70,00,10	Applied For	
21		26						65-0546461			Not Applicable	
Suite, Apt.	#, etc	h	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional		
City & State	9	City & State								Fee	e Required	
23		City & State					6. Election Campaign Financing			<b>00</b> May Be		
Zip	Country	Zip		Cou	ntov			Trust Fund Contribution			led to Fees	
24 25		F	29 30					8. This corporation has liability for in Florida Statutes Yes		lax under s	s 199.032,	
	9. Name and Address of Curr		d Agent					10. Name and Address of New R		Agent	• • • • • • • • • • • • • • • • • • • •	
					81	Nan	100			7190111		
GATES.	KATHLEEN				82			(D.O. D.)				
	OLF COURSE LOOP				82	300	et Addre	ess (P.O. Box Number is Not Acceptab	ie)			
	CHAPEL FL 33544									47. 21		
				İ	В4	City				TesT =	7-0-1-	
						,			FL	l í	Zip Code	
	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of. Se				ve n orpo	named oration	l corpora n's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of ch intment a	ianging its s registere	registered office ad agent. Lam	
SIGNATURE _	Signature, typed or printed name of registered agr	er e sièces nacci	31	of n				when relief along				
12.		ND DIRECTOR		<b>■ 13</b> .		it Sight at	if fer jewe, d	ADDITIONS/CHANGES TO OFFI	JEAD ANI	N DIDECT	ODS IN 10	
TITLE	P		DELETE	1 1 [1	TLE			ABBITIONS GITAINGES TO GITT		Change	<del> </del>	
NAME	GATES, JAMES R III			1.2 NA	ME					L Change		
STREET ADDRESS	27329 GOLF COURSE LOO	P		13ST	HEE:	ADDRES	SS					
CITY - ST - ZIP	WESLEY CHAPEL FL 33544			1401	Y-S1	T - ZIP						
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NAME				2.2 NA	ME						_	
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NAME				3 2 NA	ME							
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CITY - ST - ZIP				3 4 CH	Y - \$1	1 ZIP						
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CITY - ST - ZIP				4.4.04	Y - SI	L Z-P						
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NAME				5 2 <b>N</b> A	ME							
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NAME				6 2 NA	NE							
STREET ADDRESS				63STF	EET A	ADDRES	s					
CITY-ST-ZIP				64.00	¥ \$T	7.712						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

5/23/96 (813) 973-8253