PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012027

1. Corporation Name

WEBWORKS, INC.

Principal Place of Business

19050 SW 113TH PLACE

Mailing Address

10850 SW 113TH PLACE

SUITE 205

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90116 025 ***150.00



MIAMI FL 33176 MIAMI FL 33176					DO NOT WRITE IN THIS SPACE		
US	JS US				3. Date Incorporated or Qualifed		
					02/13/1995	·	
2. Principal P	lace of Business / 2a			1	4. FEI Number	Αp	plied For
21 90.	50 Piges Blud 26	9050 Kines	<u> </u>	<u>-udl</u> _	65-0568367	No.	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	• -	Additional
22 310 0 27 310					5. Certificate of Status Desired	Fee Re	quired
City & Stat	e () () .	Gity & State ().			6. Election Campaign Financing	\$5.00	May Be
23 EMB	ROKE LIES FL 28	KEMBROKE YIN	es	17	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	у	8. This corporation owes the current year Intar	gible	
	24 25 ILSA 29	33024 30	7	USA			⊠No
24) 330	9. Name and Address of Current Regi		' Т		10. Name and Address of New Registered A	gent	
	5. Maine and readed of Carrent inegr		8	1 Name			
GOLDEN, DONALD A							
11755 SW 62ND AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
MAMI FL 33156				3			
MIMMI FL 33 130				3		-	
			8	4 Gity		85 Zip (ode
				'	FL FL		
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							
office or r	egistered agent, or both, in the State of Flor m familiar with, and accept the obligations o	ida. Such change was auth f. Section 607.0505. Florida	onzed b Statute	y the corporati	ion's poard of directors. I hereby accept the appoint	ment as re	Justician
•	III lamila, with, and decept the congulation o	,, 000.01.007.000-1.10.100					
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Re	gistered Ag	ent signature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FARENHEM, ALLEN		1.2 NAME				İ
	·			ET ADDRESS			}
STREET ADDRESS	MIAMI FL 33186		1.4 CITY-				1
CITY-ST-ZIP	MIAMI FL 33100	☐ DELETE	2.1 TITLE			Change	☐ Addition
TITLE		E DECE IC		I .			
NAME			2.2 NAME	i			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY				☐ Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			}
CITY-ST-Z/P			3.4. ÇITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	E			
				ET ADDRESS			ļ
STREET ADDRESS							}
CITY-ST-ZIP		☐ DELETE	4.4 CITY			Change	Addition
TITLE		C) DECEIE	5.1 TITLE 5.2 NAMI				
NAME				[
STREET ADDRESS	}			ET ADDRESS (ì
CITY-ST-ZIP			5.4 CITY		<u> </u>		COT A LINE
TITLE	1	DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAMI	<u> </u>			
STREET ADDRESS	}		6.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP			6.4 C/TY	ST-ZIP			İ
UHY-SI-ZIP	l		_		Section 119.07(3Vi) Florida Statutes I further certif		

Interiory belong that the information supplied with this limit does not quality for the exemption stated in Section (19.07(3)(), Florida Statutes. Firther certify that the information indicated on this annual report or suppliemental 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 effectiver 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 or an effective manual report in the exemption of the corporation of the supplied with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR