

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90040 011 \*\*\*150.00

DOCUMENT # P95000015650

1. Corporation Name

CORPORATE WORKFLOW SOLUTIONS, INC.

Principal Place of Business

18815 SOUTH GOLDEN HAWK TRAIL  
JUPITER FL 33458

Mailing Address

18815 SOUTH GOLDEN HAWK TRAIL  
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1995

4. FEI Number

65-0565562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 - May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PATTERSON, J.E.  
18815 SOUTH GOLDEN HAWK TRAIL  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME PATTERSON, J.E.  
STREET ADDRESS 18815 SOUTH GOLDEN HAWK TRAIL  
CITY-ST-ZIP JUPITER FL 33458

☒ DELETE

TITLE VP  
NAME MEYER, RICHARD P.  
STREET ADDRESS 1081 CEDAR CREEK WAY  
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE VP  
NAME FERNANDEZ, RICHARD F.  
STREET ADDRESS 6000 SW 109 AVENUE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE  
1.2 NAME Michael J. McInnis  
1.3 STREET ADDRESS 18690 SE Lakeside Way  
1.4 CITY-ST-ZIP Tequesta, FL 33469

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME Kimberly C. Comley  
2.3 STREET ADDRESS 17688 Bridle Court  
2.4 CITY-ST-ZIP Jupiter, FL 33478

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Kimberly C. Comley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

561-747-0808, x10

Daytime Phone #

CR2E034 (11/98)