

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 14 1997 8:00am  
Secretary of State

DOCUMENT # P95000034284 (6)

1. Corporation Name  
THE WORKMAN GROUP, INC.



Principal Place of Business  
3590 3506 NORTH HARBOR CITY BLVD.  
MELBOURNE FL 32835

Mailing Address  
3506 NORTH HARBOR CITY BLVD.  
MELBOURNE FL 32835-5796

3. Date Incorporated or Qualified  
05/02/1995

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25		
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, DAVID H	1.2 NAME	
STREET ADDRESS	3506 NORTH HARBOR CITY BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32835	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, LYNDIA M	2.2 NAME	
STREET ADDRESS	3506 NORTH HARBOR CITY BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32835	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, D. ROBERT	3.2 NAME	
STREET ADDRESS	3506 NORTH HARBOR CITY BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32835	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, D. RICHARD	4.2 NAME	
STREET ADDRESS	3506 NORTH HARBOR CITY BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32835	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 08 '97 407-255-530  
Date Daytime Phone #

CR2E034 (9/96)