SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000037250	(4)
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	WORK SOLUTIONS, INC.								
Principal Place of Business Mailing Address 4009 BAYFRONT PARKWAY 4009 BAYFRONT PARKWAY ORLANDO FL 32806 ORLANDO FL 32806			E JEDHEDI IN IDNE BINI GÖNN DÖNN	BBIII BBIBB [[i]]	raeia ilgəl dilet öğti il	(4)			
						3. Date Incorporated or Qualified 05/08/1995	J 3a. Dat	e of Last Report	
	Place of Business	2a. Mailing A	ddress			4. FEI Number	2	Applied F	
Suite, Apt	# ote	26 Suite, Apt	t to ato		·	59-331520		Not Applic	
22	H, 60.	27	#, E.C.			5. Certificate of Status Desired		\$8.75 Addition Fee Required	na!
City & Sta	le	City & Sta	nte			6. Election Campaign Financing		\$5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Z _i p	Country	Z ₊ p	_	Country	<i>t</i>	8. This corporation has liability to			32,
24	9 Name and Address of Curr	29	30	0		Florida Statutes	Y Yes	No	
	9. Name and Address of Curr	eni negistered Ager	<u> </u>	81	Name	10. Name and Address of New F	egistered A	yent	
	ailey, keith a 209 Bayfront Parkway								
	NU BATERUNT PARKWAT RLANDO FL 32806			82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
0	NEANDO PE 32000			83		· · · · · · · · · · · · · · · · · · ·		····	
				L	Cib			11 - '8':""	
				84	City		FL	85 Zip Code	1
office or	t to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such ch	ange was auth	orized by	the corporal	poration submits this statement for the lion's board of directors. I hereby acce	purpose of cl pt the appoin	hanging its registe itment as registere	red d
SIGNATURE									
12.	Signature: Specifior printed name of registered a OFFICERS A		(NOTE R		ent signature requ	irred when reinstaing)	DATE	DIBECTORS IN 12	
12.		agent and stills if applicable AND DIRECTORS	(NOTE R	13.	ent signature requ	ared when reinstaing) ADDITIONS/CHANGES TO OFF			
	OFFICERS A			13.	ent signature requ				
TITLE	OFFICERS A D BAILEY, KEITH A	AND DIRECTORS		13.					
TITLE NAME	OFFICERS A D BAILEY, KEITH A	AND DIRECTORS		13. 11 THLE 12 NAME	ADERESS				ddition
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further certify that the information indicated on this armual 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 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO SIGNATURE Florida Statutes.

Legy fire Place of the Corporation of Significance of