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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047272 (6)

WORKFORCE PROPERTIES CORP.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



rinoparriace	or Dosilless	Mailing Address		
7777 GLADIS	ROAD	2415 SYCAMORE DR.		
SUITE 211	F. 8640.	KNOXVILLE TN 37821		DO NOT WRITE IN THIS SPACE
BOCA RATON	FL 33434			
				3. Date Incorporated or Qualified
5 5°- 150		A		06/19/1995
	ace of Business	2a. Mailing Address	. Q []	4. FEI Number Applied For
21 ('(7 Glades Roal	y 26 7777 614W	es Road	/ 62-1609653 Not Applicable
Suite, Apt. i	#, etc.	Duito, Apr. W. Glo.	•	5. Certificate of Status Desired \$8.75 Additional
22		27 Sv.te 211		Fee Required
City & State	•	City & State	tan D	Y 6. Election Campaign Financing \$5.00 May Be
23		28 DOCO FA	TON +1	Trust Fund Contribution Added to Fees
Zip	Country	— ქზ ഥാ ധ ⊢	Country	This corporation owes or has paid the current year Intangible
24	26	20 337377 3		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
SO	uth florida registered ag	ENTS, INC.	81 Nam	me
200 EAST LAS OLAS BLVD. 82 Street Addres				eet Address (P.O. Box Number is Not Acceptable)
SUITE 1900				
FT.	LAUDERDALE FL 33301		63	
			94 04	Inc. 7: Ond
			84 City	y B5 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes.	the above-name	ned corporation submits this statement for the purpose of changing its registered
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.				
	mammar with, and accept the bong	Allons or, Section 607.0005, Floric	Ja Statutes.	
SIGNATURE	Signature, typed or printed name of registered age	IGU and title diagnity ship (NOTE: 6	legistered Agent singe	ature required when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DS	☐ DELETE	1.1 TITLE	Change Addition
NAME	HAUSMAN, ROBERT		1.2 NAME	
STREET ADORESS	7777 GLADIS ROAD		1.3 STREET ADDRES	
	BOCA RATON FL 33434			333
CITY-ST-ZIP TITLE	DP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
1		CJ Otter		C) Change C) Addition
NAME	GANN, LESTER		2.2 NAME	
STREET ADDRESS	2413 SYCAMORE DRIVE		2.3 STREET ADDRES	iss
CITY-ST-ZIP	KNOXVILLE TN 37921		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	SS .
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	iss
City-St-ZiP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	J
STREET ADDRESS			5.3 STREET ADDRES	ss I
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	Similar Ellipsinon
STREET ADDRESS			2	
			6.3 STREET ADDRES	200
CITY-ST-ZIP	ertify that the information currylind w	ith this filing dose not qualify for	6.4 CITY-ST-ZIP	stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information
Tar indiana C	POLICE THAT THE PROPERTY OF SUPPLIED IN	murumo minu oves nocudanty lor i	THE SYSTEMATION SE	itated in decitor i 13.01(3)(1), Florida Statutes. I luitrer certiiy that the information

4. Thereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Thirther 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:

left Duni

Pres Int

1/6/98 561-

561-488-4802