

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90007 017 ***150.00

DOCUMENT # P95000047272

1. Corporation Name

WORKFORCE PROPERTIES CORP.

Principal Place of Business

7777 GLADES RD
SUITE 211
BOCA RATON FL 33434
US

Mailing Address

7777 GLADES RD
STE 211
BOCA RATON FL 33434
US

2. Principal Place of Business

21 1900 Corporate Blvd

Suite, Apt. #, etc.

22 Ste 400 East

City & State

23 Boca Raton FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 1900 Corporate Blvd

Suite, Apt. #, etc.

27 Ste 400 East

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

62-1609653

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

10. Name and Address of New Registered Agent

81 Name

Robert Hausman

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

1900 Corporate Blvd -

83

Suite 400 East

84 City

Boca Raton FL

85 Zip Code

33431

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)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE

NAME HAUSMAN, ROBERT

STREET ADDRESS 7777 GLADIS ROAD

CITY-ST-ZIP BOCA RATON FL 33434

TITLE DP ☐ DELETE

NAME GANN, LESTER

STREET ADDRESS 2413 SYCAMORE DRIVE

CITY-ST-ZIP KNOXVILLE TN 37921

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)

0371327