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 May 05, 1999 8:00 am Secretary of State

05-05-1999 90056 024 ***150.00

	MENT # P95000 TWORKING, INC.	058894						
Principal Place of Business Mailing Address					-	iit Baiti Baiat B	TAT CALACTERIS	OTH OTHER PORT
7311 HEATHLEY LAKE WORTH F			DO NOT WRI	TE IN THIS	SDACE			
					3. Date Incorporated or Qualifed	11.114 11.110	JI AOL	
					07/31/1995			ļ
2. Principal Pl	ace of Business	2a. Mailing Address	***		4. FEI Number		App	olied For
21		26			65-0602812		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22	27						Fee Rec	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Country		8. This corporation owes the curr	•		
24	25		30		Personal Property Tax. 10. Name and Address of New F			□No
	9. Name and Address of Currer	it Registered Agent	81 Na		10. Name and Address of New F	register <u>eu z</u>	- Nem	
CURI	ran, M. Glenn III							
2400 EAST COMMERCIAL BOULEVARD				eet Addres	ss (P.O. Box Number is Not Accepta	able)		
SUIT	E 208		83					
FORT LAUDERDALE FL 33308			24 50		·		85 Zip C	'ada
			84 Cit	.y		FL	85 Zip C	ode
agent. I ai SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of registered agents.	nt and title if applicable. (NOTE:	da Statutes. Registered Agent signa			DATE		
12.	PVD OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	TICENS AND	☐ Change	Addition
NAME	FINE, JEFFREY S	— 	1,2 NAME				_ •	
STREET ADDRESS	7311 HEATHLEY DRIVE		1,3 STREET ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	FINE, NANCY J		2.2 NAME					
STREET ADDRESS	7311 HEATHLEY DRIVE		2.3 STREET ADDRESS					-
CITY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME				Onange	
NAME			3.2 NAME 3.3 STREET ADDR	nece				
STREET ADDRESS			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			.,	Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4,3 STREET ADDR	RESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDR	(ESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE				☐ Change	Addition
TITLE		□ Nereic	6.2 NAME				such	
NAME expect adopted			6.3 STREET ADDR	RESS				
STREET ADDRESS			64 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: