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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086206

1. Corporation Name
WRITEWORKS, INC.

Principal Place of Business	Mailing Address
529 S.E. 13TH AVENUE DEERFIELD BEACH FL 33441	529 S.E. 13TH AVENUE DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 25	Zip / Country 29 30

3. Date Incorporated or Qualified: 11/08/1995

4. FEI Number: 65-0616918 ☐ 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

9. Name and Address of Current Registered Agent

SILVERMAN
BURKHARDT, KATHLEEN JILL
529 S.E. 13TH AVENUE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: K. Jill Silverman
82 Street Address (P.O. Box Number Is Not Acceptable): 529 S.E. 13th Avenue
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

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: Kathleen Jill Burkhardt Silverman 4/1/99
Signature, typed or printed name of individual with authority to sign, if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO ☐ DELETE	1.1 TITLE	PRESIDENT CFO, ☐ Change ☐ Addition
NAME	SILVERMOON, ALONO	1.2 NAME	ALAN L. SILVERMAN
STREET ADDRESS	5551 LAKESIDE DR 3202	1.3 STREET ADDRESS	529 S.E. 13TH AVE.
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441
TITLE	PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Secy/Treas/Director
STREET ADDRESS		3.3 STREET ADDRESS	Silverman, Kathleen J.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/96)

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: Kathleen Jill Burkhardt Silverman 1/29/99 954-419-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #