

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Pg. 10/2

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000074 (0)

1. Corporation Name
BUSINESSWORKS, INC.

Principal Place of Business
1061 MAITLAND CENTER COMMONS
MAITLAND FL 32751

Mailing Address
1061 MAITLAND CENTER COMMONS
MAITLAND FL 32751

FILED

97 AUG 29 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 2700 Westhall Ln. | | 26 2700 Westhall Ln | | 12/22/1995 | | 05/01/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 Ste. 145 | | 27 Ste. 145 | | 59-3353961 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Maitland FL | | 28 Maitland FL | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | | Country | |
| 24 32751 | | 29 32751 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

DEPALMA, PAUL A
375 LAKEPOINTE DRIVE, #203
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name John A. DePalma
82 Street Address (P.O. Box Number is Not Acceptable) 1329 American Elm Dr.
83
84 City Altamonte Spgs FL 85 Zip Code 32714

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

John A. DePalma

John A. DePalma CEO

8/14/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------------|---------------------------------|--|---|--------------------|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PAUL A DE PALMA | | | 1.2 NAME | PAUL A. DEPALMA | | |
| STREET ADDRESS | 375 LAKEPOINTE DRIVE, #203 | | | 1.3 STREET ADDRESS | 381 Wekiva Cove Rd | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | | | 1.4 CITY-ST-ZIP | Longwood FL 32779 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHN A DEPALMA | | | 2.2 NAME | | | |
| STREET ADDRESS | 1329 AMERICAN ELM DRIVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE:

John A. DePalma

John A. DePalma

8/14/97

CR2E034 (4/97)



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August 13, 1997

Florida Department of State
Sandra B. Mortham
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Mortham:

We are in receipt of the second notice of the 1997 Profit Corporation Annual Report Packet.

To the best of our knowledge, we have never received the first notice of this document. This maybe due to the fact that as of January 1, we moved our office and our address changed. Our new address is:

BusinessWorks, Inc.
2700 Westhall Lane, Suite 145
Maitland, Florida 32751

I did speak with someone in your office who suggested that a request for penalty waiver could be made in writing; therefore, I am requesting such a waiver.

Enclosed please find a check for \$103.75 for the original fee amount. Thank you for your consideration.

Sincerely,

John A. DePalma, CEO
BusinessWorks, Inc.

JAD/ct

enclosure