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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016928 (9)

1. Corporation Name
ECONOMICS WORKS, INC.



Principal Place of Business
3215 HENDRICKS AVENUE
SUITE 6
JACKSONVILLE FL 32207

Mailing Address
3215 HENDRICKS AVENUE
SUITE 6
JACKSONVILLE FL 32207-4280

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 02/26/1996 | 3a. Date of Last Report |
| 4. FEI Number 59-3386526 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

SMALL, LESLIE W
3215 HENDRICKS AVENUE
SUITE 6
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name <i>Same</i> |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City |
| 84. City |
| 85. Zip Code |

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 *no changes to report - Leslie W. Small 1/31/97* DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---------------------------------|
| TITLE | <i>President</i> | 1.1 TITLE | <i>Vice President</i> |
| NAME | <i>LESLIE W. SMALL</i> | 1.2 NAME | <i>JEAN D. SMALL</i> |
| STREET ADDRESS | <i>1657 TROTTERS BEAN TRAIL</i> | 1.3 STREET ADDRESS | <i>3215 HENDRICKS AVE STE 6</i> |
| CITY-ST-ZIP | <i>JACKSONVILLE FL 32225</i> | 1.4 CITY-ST-ZIP | <i>JACKSONVILLE FL 32207</i> |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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:

Leslie W. Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97
Date

904-399-3123
Daytime Phone #

CR2E034 (9/96)