FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021487 (9)

	EAMWORKS PERSONNEL,	Mailing Address	· · · · ·			
3333 HENDERSON BLVD., STE. 150 3333 HENDERSON BLVD., S						
TAMPA FL 33609-2938 TAMPA FL 33609-2938					DO NOT WRITE IN TH	NO ODACE
					3. Date Incorporated or Qualified	HO SPACE
					03/08/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
26					59-3370889	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28 28 Zip Country Zip			Count	rv	8. This corporation owes or has paid the	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Register	ed Agent
RII	LEY, STEVEN P		8	1 Name		
	33 HENDERSON BLVD., STE. 15	50	8:	2 Street Add	fress (P.O. Box Number is Not Acceptable)	
TA	MPA FL 33609-2938					
			B:	3		
			8	4 City		85 Zip Code
			<u> </u>			L 85 210 0006
SIGNATURE	Signature typed or printed name of registered ag				poration submits this statement for the purpos ation's board of directors. I hereby accept the lired when reinstating). DAT ADDITIONS/CHANGES TO OFFICERS	E
12. TITLE	D OFFICIENS AF	DELETE	1.1 TITLE	*****	ADDITIONS/CHAINGES TO CITICERS /	Change Addition
NAME	HOPKINS, KENNETH L		1.2 NAMI			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP	\$T. PETERSBURG FL 33703		1,4 CITY			
TITLE	Ď	☐ DELETE	2.1 TITLE			Change Addition
NAME	REINHART, FRANK B		2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2.4 CITY	- ST - ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	T ADDRESS		
CITY-ST-ZIP			3 4. CITY			Observe
TITLE		L DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY -			Change Addition
TITLE		L_ DECEIE	5.1 TITLE	· ·		LI Change LI Addition
NAME CTOSET ADDRESS			5.2 NAME			
STREET ADORESS	1		1	T ADDRESS		
CITY-ST-ZIP			5.4 City-	SI-ZIP		
TITLE		I I NEI ETE	PITITIF			Change
APA LAC		☐ DELETE	6.1 TITLE			Change Addition
NAME STREET ADDRESS		□ DELET E	6.2 NAME			Change Addition

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 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the information indicated on this annual report or supplied with the information indicated on th

6.4 CITY-ST-ZIP

KENNEN L. HADA

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Mar 26 1998 8:00am

Secretary of State