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May 06 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 # P96000052409

1. Corporation Name

BILLINGS, WORKMAN GROUP, INC.

Principal Place of Business

7081 TAFT ST.
SUITE 140
HOLLYWOOD, FL 33024

Mailing Address

7081 TAFT ST.
SUITE 140
HOLLYWOOD, FL 33024

2. Principal Place of Business

21 4320 WASHINGTON ST

Suite, Apt. #, etc.

22 418

City & State

23 HOLLYWOOD, FL

Zip Country

24 33021

2a. Mailing Address

26 4320 WASHINGTON ST.

Suite, Apt. #, etc.

27 418

City & State

28 HOLLYWOOD, FL

Zip Country

29 33021

30

3. Date Incorporated or Qualified

06/18/96

3a. Date of Last Report

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERT SANDONATO
7081 TAFT ST. SUITE 140
HOLLYWOOD, FL 33024

10. Name and Address of New Registered Agent

81 Name JASON CROSSEN
82 Street Address (P.O. Box Number is Not Acceptable)
4320 WASHINGTON ST.
83 SUITE 418
84 City HOLLYWOOD FL 85 Zip Code 33021

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 *[Signature]* Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~D~~ ☒ DELETE
NAME ~~ROBERT SANDONATO~~
STREET ADDRESS ~~7081 TAFT ST. SUITE 140~~
CITY - ST - ZIP ~~HOLLYWOOD, FL 33024~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.D. ☒ Change ☐ Addition
1.2 NAME JASON CROSSEN
1.3 STREET ADDRESS 4320 WASHINGTON ST. SUITE 418
1.4 CITY - ST - ZIP HOLLYWOOD, FL 33021

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 100002178771
6.3 STREET ADDRESS -05/14/97--01102--044
6.4 CITY - ST - ZIP ***165.00

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:

SIGNATURE REQUIRED *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JASON CROSSEN, PRES

4/29/97 954 258-2414

Daytime Phone #

0323890

CR2E034 (9/96)