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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000062979

1. Corporation Name

TEAMWORKS GROUP, INC.

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90046 005 \*\*\*150.00



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Principal Plac	ce of Business	Mailing Address				11081100111		iii kaili abiia		
1900 NW 8TH STREET 1900 NW 8TH STREET										
BOCA RATON FL 33486 BOCA RATON FL 33486										
							DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorpora				
		7***				07/24/1996	<u> </u>			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			pplied For	
21		26				65-068437	8		<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			5. Certifcate of S	tatus Desired	$\Box$	•	Additional lequired
22		City & State								<del></del> -
City & Sta	ite ~	<b>⊢</b> ′				6. Election Camp	-			May Be to Fees
23 · · ·	Country Zip Cou			untry					10,000	
24	Zip Country Zip		30 '			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Curre		1301	$T^{T}$		10. Name and Ad		tegistered	Agent	
· ·	3. 110.110 21.12 11001000 3. 00110			81	Name					
Parker, Nancy`					06 4 4 4 4 4 4	(D.O. D Mb.	i- Not Asses	-1-1		
1900 NW 8TH STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
B00	CA RATON FL 33486			83	-					
									as Zin	C-do
	production of the second			84	City			FL	<b>85</b>   Zip	Code
11. Pursuani	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	bove-	-named corpo	oration submits this s	tatement for the	purpose of	changing it	s registered
office or	registered agent, or both, in the State am familiar with, and accept the obligi	e of Florida. Such change was a	uthorized	d bv ti	he corporation	on's board of directors	s. I hereby accer	ot the appoi	ntment as r	egisterea
	atti iditiliai tetti, and docept are cong.									
										}
SIGNATURE	Signature, typed or printed name of registered agr		: Registered		signature required	d when reinstating)		DATE		
	Signature, typed or printed name of registered ag-		Registered	d Agent :	signature required		IANGES TO OF			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE		d Agent :	signature required		HANGES TO OF		ID DIRECT	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	13.	Agent:	signature required		HANGES TO OF			
SIGNATURE 12. TITLE	Signature, typed of printed name of registered age OFFICERS AI P PARKER, NANCY 1900 NW 8TH ST.	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TII 1.2 N	I Agent :	signature required		HANGES TO OF			
SIGNATURE  12.  TITLE  NAME	OFFICERS AI  P PARKER, NANCY	ent and title if applicable. (NOTE  ND DIRECTORS  DELETE	13. 1.1 TII 1.2 NA 1.3 ST	d Agent :	ADDRESS		IANGES TO OF		Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered age OFFICERS AI  P PARKER, NANCY 1900 NW 8TH ST. BOCA RATON FL	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME TREET A	ADDRESS		IANGES TO OF			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed of printed name of registered age OFFICERS AI P PARKER, NANCY 1900 NW 8TH ST. BOCA RATON FL T PARKER, NANCY	ent and title if applicable. (NOTE  ND DIRECTORS  DELETE	13. 1.1 TH 1.2 N/4 1.3 ST 1.4 CF	TLE AME TREET A TY-ST-	ADDRESS		IANGES TO OF		Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed of printed name of registered age OFFICERS AI P PARKER, NANCY 1900 NW 8TH ST. BOCA RATON FL T PARKER, NANCY 1900 N.W. 8TH ST.	ent and title if applicable. (NOTE  ND DIRECTORS  DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	TILE AME TREET A TITLE TITLE AME	ADDRESS		HANGES TO OF		Change	☐ Addition
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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.

REQUIRED

SIGNATURE: