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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000070101 (6)

FILED Mar 25 1997 8:00am Secretary of State

1. Corporation Name WORKAHOLICS BETA, INC. Principal Place of Business B02 NORTH BELCHER ROAD CLEARWATER FL 34625 Mailing Address CLEARWATER FL 34625-2103								
					3. Date Incorporated or Qualified 08/21/1996	3a. Da	te of Last R	leport
2. Principal Place of Business	} .−	a. Maling Address			4. FEI Number 50 - 34-0 14-43		<u> </u>	oplied For ot Applicable
Suita, Apt. # leta	26	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional aguired
City & State	27	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	May Be
23 Zip 25 25	Country 28	- Ζ _{ιρ}	Count	гу	Trust Fund Contribution 8. This corporation has liability for Florida Statutes		tax under s	to Fees . 199.032,
	Address of Current Reg		1301		10. Name and Address of New Re			
SCHIRMER, MATTH	IEW J ESQ.		8	1 Name				
800 NORTH BELCH SUITE 4 CLEARWATER FL 3	HER ROAD		8:		dress (P.O. Box Number is Not Acceptal	ble)		
OLDANIAILRIE	94023		8			FL	85 Zip	Code
	or both, in the State of Flo	a bur. 1506, ribilda əlal oridə. Süch channe wa	iules, ine abo	ме-наглей сог	inhoration aubitilis tuis atatemiest for me l	purpose or	changing i sintmest as	is registered registered
SIGNATURE .					rporation submits this statement for the pation's board of directors. I hereby acce	DATE	J	
SIGNATURE	CONTROL OF DESCRIPTION OF THE CONTROL OF THE CONTRO	tide d'applicable (N			ation's board of directors. I hereby acce juired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	CONTROL OF DESCRIPTION OF THE CONTROL OF THE CONTRO	tide d'applicable (N	OTE: Registered A	igent signature requ	juired when reinstating)	DATE		
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I do necessy certify that the information supplied with this imag does not quarry for the exemption stated in Section 119 0/(3)(), 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 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 chapted, or on an attachment with an address

SIGNATURE:

STAVIOS TIN GIRLLOS