

FILED

03-20-2001 90033 032 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000070651

1. Entity Name
WORKERS OF FLORIDA, INC.

Principal Place of Business
1485 S SEMORAN BLVD STE 1441 BLDG 6
WINTER PARK FL 32792

Mailing Address
1485 S SEMORAN BLVD STE 1441 BLDG 6
WINTER PARK FL 32792

2. Principal Place of Business
37 Skyline Drive
Suite, Apt. #, etc.
1110
City & State
Lake Mary, FL
Zip
32746
Country

3. Mailing Address
P.O. Box 954179
Suite, Apt. #, etc.
City & State
Lake Mary, FL
Zip
32745-4179
Country

4. FEI Number
59-3423802
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARKEY, KEVIN P
410 W MERRITT AVE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANG, MARK A
1485 S SEMORAN BLVD STE 1441 BLDG 6
WINTER PARK FL 32792
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
37 Skyline Dr. Suite 1110
Lake Mary, FL 32746
Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #