FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1997		AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Feb 27 1997 8:00an Secretary of State
	IMENT # P96000 ORKS INTERNATIONAL, INC.	098295 (4)		
	ce of Business COVE WAY FL 33496	Mailing Address 17130 CORAL COVE WAY BOCA RATON FL 33496 3235		
2, Principal I	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 3a. Date of Last Report 12/02/1996 4. FEI Number Applied For
	7 SAN MICHEL WAY	26 6279 SAN 1	TICHEL WE	Ay "Applied for" Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired Sector Status Desired Fee Required
City & Sta	0 - · · · · · · ·	City & State	EACH FL	6. Election Campaign Financing \$5.00 May Be
23 DEL Zip	RAY BEACH, FL		Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032.
24 33	9. Name and Address of Curren		D USA	Florida Statutes Yes No 10. Name and Address of New Registered Agent
Milli	LS, ARTHUR	thogistolog Agent	81 Name	279 SAN MICHET WAY ARTHUR MILLS
	30 CORAL COVE WAY		82 Street	Address (P.O., Box Number is Not Acceptable)
ROC	CA RATON FL 33496		83	ATY SAN MICHEL WHY
			84 City	
11 Porsiard	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute		CELRAY BEACH FL ⁸⁵ 39484 d corporation submits this statement for the purpose of changing its registered
office or agent 1	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607,0505, Flor	thorized by the corr ida Statutes.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	-	· · · · · · · · · · · · · · · · · · ·		
12,	Stignature, typed or printed name of registered age OFFICERS ANE		Hegistered Agent signature	e required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILLE	D Mills, Arthur	DELETE	1.1 TITLE	President Change Addition
NAME STREET ADDRESS	INTAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		1.2 NAME 1.3 STREET ADDRESS	6279 San Michel Way
CITY - ST - ZIP	BOCA RATON FL-33496		1.4 CITY-ST-ZIP	6279 San Michel Way Delray Beach FL 33484
TITLE	D HOOD JOUNU	DELETE	2.1 TIFLE	Change Addition
NAME STREET ADORESS	WOOD, JOHN H		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	AGAWAM MA 01001		2. 4 CITY - ST - ZIP	
THE		DELETE	3.1 TITLE	Change Addition
NAME STREELADDRESS	BARNES, WILLIAM 17130 CORAL COVE WAY		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME STREET AODRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZP			4.5 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME STREET AUDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-Z#			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-7-P			6.4 CITY - ST - ZIP	
14. I do here	by certify that the information supplied on inordated on this annual report or si	with this filing does not qualify upplemental annual report is fru	for the exemption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath that
Lam an c appears	officer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empower on an attachment with an eddre	red to execute this r	that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name
		1/1 Co	TIN	
SIGNAT	URE:	PRINTER NAME OF SIGNING OFFICER O	R DIRECTOR	Date Date Dayline Phone # 0007090