

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90235 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000003979**

1. Corporation Name  
**WORKFORCE ALTERNATIVE, INC.**



Principal Place of Business 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243	Mailing Address 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/14/1997</b>	
4. FEI Number <b>65-0727082</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 [ ] Suite, Apt. #, etc.	26 [ ] Suite, Apt. #, etc.
22 [ ] City & State	27 [ ] City & State
23 [ ] Zip	28 [ ] Country
24 [ ]	29 [ ]
25 [ ]	30 [ ]

9. Name and Address of Current Registered Agent

**ROWAN, JAMES P**  
**% 4200 WACKENHUT DRIVE**  
**SUITE 100**  
**PALM BEACH GARDENS FL 33410-4243**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WACKENHUT, GEORGE R	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKENHUT, RICHARD R	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNEIP, ROBERT C	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAYOTTE, TERRANCE A	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NUSBAUM, SANDRA L	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR + CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	IAN A. GREEN	
6.3 STREET ADDRESS	12764 NW 15TH STREET	
6.4 CITY-ST-ZIP	SUNRISE, FL. 33323	

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.

SIGNATURE: \_\_\_\_\_ DATE: **2/4/99** DAYTIME PHONE #: **561-622-5656**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)