


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90007 019 \*\*\*150.00

DOCUMENT # P97000003979					
1. Entity Name WORKFORCE ALTERNATIVE, INC.					
Principal Place of Business 4400 N CONGRESS AVE #250. WEST PALM BEACH, FL 33407		Mailing Address 4400 N CONGRESS AVE #250 WEST PALM BEACH, FL 33407			
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0727082	
Applied For		Not Applicable			
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OASIS OUTSOURCING ATTN: TERRY MAYOTTE 4400 NORTH CONGRESS AVENUE, SUITE 250 WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name <i>same as above</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>DIA</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS RASEN, RICK 1001 BRICKELL BAY DR 27TH FL MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rosen, Rick</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WACKENHUT, RICHARD R 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS, FL 334104243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KNEIP, ROBERT C 4400 N CONGRESS AVE 250 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO MAYOTTE, TERRANCE A 4400 N CONGRESS AVE 250 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAREMANN, CHARLES 1001 BRICKELL BAY DR 27TH FL MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Haremann, Charles</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREEN, IAN A 12764 NW 15TH STREET SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Terry Mayotte</i>		Date: <i>1-7-04</i>		Daytime Phone #: <i>561-227-6500</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# P97000003979

**OWNERS AND OFFICERS**

Workforce Alternative, Inc.  
Federal Employer Identification Number: 65-0727082  
Date of Incorporation: 1/14/1997

Name	Address	Soc Sec	Title	Ownership Interest	Business Address
Terry P. Mayotte	860 SW 21st Street Boca Raton, Florida 33486	263-53-5822	Chief Financial Officer Treasurer, and Director	0% Ownership	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Rick Rosen		263-55-4648	Vice President, Assistant Secretary and Director	0% Ownership	1001 Brickell Bay Drive 27th Floor Miami, Florida 33131
Stephen M. Melvin	15888 118th Terrace Jupiter, Florida 33478	074-58-7616	Secretary	0% Ownership	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Oasis Outsourcing V, Inc.		520-62-6381	Owner	100% owner of Workforce Alternative, Inc.	4400 North Congress Avenue Suite 250 West Palm Beach, Florida 33407
Sami W. Mnaymneh	221 Costanera Road Coral Gables, FL 33143	65-0731524	Director		1001 Brickell Bay Drive 27th Floor Miami, Florida 33131
Charles J. Hanemann	650 West Avenue #1212 Miami Beach, FL 33139	266-86-3828	Director		1001 Brickell Bay Drive 27th Floor Miami, Florida 33131