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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortikam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000023195 (5)

FILED Feb 18 1998 8:00am Secretary of State

PROCESS WORKS, INCORPORATED						
					4 100(100) 410 40(10 1504) 80(10 03(10 08(1) 160(10)	A DA HINDA INA NA KAMANA A MINI MADI
Principal Place of Business Mailing Address						144 West Heist Forst Str. 1881
1308 E. LAKESHORE BLVD. 1308 E. LAKESHORE BLVD. KISSIMMEE FL 34744-5418 KISSIMMEE FL 34744-5418					DO NOT WRITE IN THIS	S PRACE
				-	3. Date Incorporated or Qualified	- SPACE
					03/10/1997	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 4069		26 1308 E L	MKESHORE	<u> </u>	5 9-3435103	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27		BLVD		5. Certificate of Status Desired	\$8.75 Additional
		27			5. Contribute of Otalias Desired	Fee Required
City & Sta	CLOUD, I-L	City & State Z8 KISSIMH	eE, Fl	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	769 25 OSCLEOLA	Zip	Country		8. This corporation owes or has paid the cu	
24 34	9. Name and Address of Current		OSCEDI	-/7	Personal Property Tax due June 30. 10. Name and Address of New Registered	∐ Yes ☐ No
D.	ERKAU, MARY J	nagisterau wgeitt	81 Nan	ne		Agent
			CHI	ARLES E. BERKI	AU	
1308 E. LAKESHORE BLVD. KISSIMMEE FL 34744-5418			82 Street Addres		ss (P.O. Box Number is Not Acceptable),	E BLUD
rw.	OOMMEE 1 E 01) 44-04-10		83	,,,,	2 2 2////	
			24 00			
,			84 City	KISS	SIMMEE FL	- 85 Zip Code 34744
.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						
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 registeric agent. I am facilitar with, and accept the obligations of, Section 607.0505, Florida Statutes.						pointment as registered
SIGNATURE	Charles 6. BONE	au			1/2	7 <i>198</i>
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signal	ture required		7
TITLE	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME			1.2 NAME	ац	ADIRC & BERKAIL	:
STREET ADDRESS			1.3 STREET ADDRES	S 130	08 E. LAKESHORE	BLUD
CITY-ST-ZIP			1.4 CITY-ST-ZIP		ISSIMHEE, FL 347	
TITLE		DELETE	2.1 TITLE		5	Change
NAME			2.2 NAME	M	ARY & BERKALL	70.110
STREET ADDRESS			2.3 STREET ADDRES		08 E LAKESHORE	BLUD
CITY-ST-ZIP			2.4 CITY-ST-ZIP	K	USSIMMEE, FL 3	4744
TITLE	1	☐ DELETE	3.1 TATLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	s		
TITLE		DELET E	3.4. CITY-ST-ZIP			☐ Change ☐ Addition
NAME			4. 2 NAME	1		onorgo radikon
STREET ADDRESS			4.3 STREET ADDRES	s l		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	Ĭ		
TITLE		DELETE	5.1 TITLE	1		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	s		
CITY-ST-ZIP		7 S	5.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELET E	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	8		
City-ST-ZiP	Certify that the information supplied with	this filing does not qualify for t	6.4 CITY-ST-ZIP	ted in Sec	ction 119.07(3)(i) Florida Statutes I further co	artify 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.