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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000023195

PROCESS WORKS, INCORPORATED

						<u>-</u>	. <b>68</b> 318 13 <b>38 3</b> 418 3168	
Principal Place of Business Mailing Address						_		
4069 13TH ST 1308 E LAKESHOR			.VD					
# 159 ST CLOUD FL	24760	#159 Kissimmee FL 34744				DO NOT WRITE IN	THIS SPACE	
US US						3. Date Incorporated or Qualifed		
						03/10/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	- An	plied For
21		26				59-3435103	·	t Applicable
Suite, Apt. #, etc.							<del></del>	Additional
22		27				5. Certifcate of Status Desired	Fee Re	
City & Sta	te .	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Zip Country			8. This corporation owes the current ye	ar Intangible	
24	25	29	30			Personal Property Tax.		⊠No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ared Agent	
			8	Na Na	me			
BERKAU, MARY J				32 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
1308 E LAKESHORE BLVD			`	Juleet Addre		The season of th		1 A 20 Sec. 15.
KISSIMMEE FL 34744			83				3 3 2 3 4 3 4 7	134 24 13
}	•		L.	4 Cit			85 Zip C	reda (Sarah)
				Cit	1		FL 85 Zip C	,ode
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 i	registered agent, or both, in the State c im familiar with, and accept the obligati	t Florida. Such change was au ons of Section 607.0505. Flor	ithorized t ida Statuti	by the c es.	orporation	n's board of directors. I hereby accept the a	appointment as req	gistered
SIGNATURE		, r.·						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signa	ture required v	when reinstating) , DA	rE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
πιε	PTD DELETE		1.1 TITLE	1.1 TITLE		\$1.5 × \$55 × 25	Change	☐ Addition
NAME	BERKAU, CHARLES E		1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	1308 E LAKESHORE BLVD				ESS			
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY	-ST-ZIP				
TITLE	S	☐ DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	BERKAU, MARY J		2.2 NAM	E		•		
STREET ADDRESS	1308 E LAKESHORE BLVD		2.3 STREE		ESS			
CITY-ST-ZIP	KISSIMMEE FL 34744	<u>Caragonia de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos</u>	2. 4 CITY-ST-ZIP			·		
TITLE SPORT	and section .	DELETE	3.1 TITLE	•			☐ Change	☐ Addition
NAME		· ·	3.2 NAM	E				
STREET ADDRESS	Marie de la company		3.3 STREET ADD		ESS			
CITY-ST-ZIP	1990 P. W. S. S. S. S. S. S. S.		3.4. CITY-ST-ZIP					<u></u>
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME TOOM INTO SE	·	* * .	4.2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS		रक्रा, वर्षा सर्विष			ESS	•		
CITY-ST-ZIP.	natan ing pagamanan na	and the second	4.4 CITY-ST-					
TITLE	<u> </u>	DELETE	5.1 TITLE	:	J		☐ Change	Addition
NAME			5.2 NAME	Ξ				
STREET ADDRESS			5.3 STREET ADDRESS		ess			ļ
	P10				ı	• •		

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 for on an attachment with an adoless, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90054 041 \*\*\*150.00

CR2E034 (11/98)