1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90080 028 ***150.00

DOCUMENT # P97000037844	
R-M WORK OVERLOAD INC.	CHICHARL HA CANN CARN ARM AND ALMA AND AND AND ARM ARM AND AND ARM AND

R-M WOI	rk overload inc.									
Principal Place	e of Business	Mailing Address			F 148/148	· ···	**** ***** ***** *			
719 EXECUTIVE	CENTER #302B	719 EXECUTIVE CENTER #3	028					<u>ـــنتـــ</u>		-
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE							
					3. Date Incorpo	orated or Qualifed				
					04/28/199	97				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Ap	plied For	
21		26			65-07487	<u>91 </u>		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of	Status Desired		\$8.75		
22	*** <u>*</u>	27	_					Fee Re		
City & State	е	City & State				mpaign Financing		\$5.00		
23		28	C		Trust Fund (Added t	o rees	
Zip	Country	Zip	Coun	itry	1 -	ation owes the cur	rent year Inta	ingible □Yes	□No	•
24	25		30		Personal Pr	Address of New	Registered A			
	9. Name and Address of Curren	t Registered Agent	,	81 Name	7	1	rtogistoreu r	-go-i-t		
COR	PORATE CREATIONS ENTERPHI	SES. INC.		K	AFEEK	BA14				
	PGA BLVD.#211			82 Street Add	dress (P.O. Box Num	ber is Not Accept	able)	2		
	M-BEACH GARDENS FL 33418		-	83 /	# 302		, , <u> </u>			
			-	84 City ,				85 Zip (Code	
				W	GST PALL		FL	33	404	
11, Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this	statement for the	purpose of o	changing its	registered	
		of Florida, Cush shangs was ou	borized	hy the comparati	tion's board of direct	ors i hereby acce				
office or n	egistered agent, or both, in the State in the State in the State in familiar with, and accept the obligation	of Florida. Such chande was au	inorizea	ov ine comporati	tion's board of direct	ors. I hereby acce			giotores	
agent. I a	im familiar with, and accept the obligat	of Florida. Such chande was au	inorizea	ov ine comporati	tion's board of direct	ors. I hereby acce		28-9	giotores	
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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 trusted 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 may attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

02-28-99

Daytime Phone #

:R2E034 (11/98