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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 23 1998 8:00am Secretary of State

1, Corporation	MENT # <b>P9700</b> 0 IIWORKS, INC.	0056129 (4	·)		I BIND BIRBI NITH NATU KAN IBA
Principal Place	e of Business	Mailing Address		I 10011001 11# 1611	MAINE BIND HOUR CAULE DOIN 1991
617 N.W. 87 LAME CORAL SPRINGS FL 33071		617 N.W. 87 LANE CORAL SPRINGS FL 33071		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	J di Aoc
`				06/26/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 / 20 7 Suite, Apt.	+ UNIVERSITY LAC.	Suite, Apt. #, etc.		V3-0 10 000 7	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
23 CORAL SPRINGS FL		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	<b></b>
24 <u>33</u> 0	9. Name and Address of Current	Peoletered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	IACRI, ALESSANDRO F	Helistaton waatit	81 Name	IV. Haille Blid Addless Di New Hagistere	A WALLE
	17 N.W. 87 LANE		<u> </u>		
CORAL SPRINGS FL 33071			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
_			63		
			84 City		85 Zip Code
44 0	$\sim$	1.003.4500 50.44-00.4		F	
11. Pursuant I office or re	to the proviolanc of Sections 6D7 V (12 egistered a wint of body, in the State of	and 607,1508, Florida Statu Florida, Such Change was	ites, the above-named cor, authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement of the purpose t	of changing its registered opointment as registered
	milamiliar with, and accept the object	rus el Gection 607.0505, F	lorida Statutes.	IEX (ALESSANDRO) MACRI 04-1	-90
SIGNATURE	Signature, lysed or printed name of registered as to	and the disoplicable (NO	TES ( SENT A) TE Riggistured Agent aignature roqu		- 10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACRI, ALESSANDRO F		1.2 NAME		
STREET ADDRESS	617 N.W. 87 LANE CORAL SPRINGS FL 33071		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MACRI, TERESA M	<b></b>	2.2 NAME		
STREET ADDRESS	617 N.W. 87 LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. CITY-SY-ZIP 4 1 TITLE		Change Addition
NAME			4.2 NAME	•	The Principle The Principle
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-71P		T or ere	5.4 CITY-ST-ZIP		C Change
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CHY-S1-ZIP for the exemption stated in		

report is true artia accurate and that my signature shall have the same legal effect as if made under oath; that I am a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.