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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #, P97000056766 (3)

SHORTWORKS, INC.

R MAN

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Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



2E034 (10/97

Principal Place of Business 705 MULBERRY AVENUE 705 MULBERRY AVENUE **CELEBRATION FL 34747 CELEBRATION FL 34747** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζiρ Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes S No Country Country 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 83 84 City Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE SHORT, JUIDTH E NAME 1.2 NAME 705 MULBERRY AVENUE STREET ADDRESS 1.3 STREET ADDRESS CELEBRATION FL 34747 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DESTAFFINO, SUSAN NAME 2.2 NAME 705 MULBERRY AVENUE STREET ADDRESS 2.3 STREET ADDRESS CELEBRATION FL 34747 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Channe TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE ☐ Change ■ Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 26/12) NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE -04/24/98--01019--0**1**4 NAME 6.2 NAME *****1**50.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 or on an attachment with an address. 4/15/10 400-666.8161