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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079745 (0)

PEOPLEWERKS, INC.

1 201								
Principal Pla	ace of Business	Mailing Address	<u> </u>		T CONTINUES AND RENTH THEM BODIN BODIN BODIN SORIN SORIN TOWN DIRECT DRIVE CONTINUES.			
100 N TAMPA STREET SUITE 3600 TAMPA FL 33602		100 N TAMPA STRE Suite 3600 Tampa Fl 33602	ET		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
2. Principal	Place of Business	2s. Mailing Address	<u> </u>		09/12/1997 4. FEI Number	Applied For		
n		26				X Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Ζιρ 29	30	untry	This corporation owes or has paid the corporate Property Tax due June 30.	urrent year Intangible		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
FAMA, JAMES P 100 N TAMPA STREET SUITE 3600				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				

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.

City

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SIGNATURE	Signature, typed or printed name of registered agent and line if a	pplicable (NO1E	Registered Agent signature	required when reinstelling) DATE			
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	P	Change	Addition	
NAME	BUCKLEY, LAWRENCE C JR		1.2 NAME	Hickson, David W.			
STREET ADDRESS	100 N TAMPA STREET STE 3600		1.3 STREET ADDRESS	100 N. Tampa St. Suite	#3600		
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	Tampa, Florida 33602	,, 5000		
TITLE	D	DELETE	2.1 TITLE	V , T, S	Change	Addition	
NAME	HICKSON, DAVID W		2.2 NAME	Fama, James P.			
STREET ADDRESS	100 N TAMPA STREET STE 3600		2 3 STREET ADDRESS	100 N. Tampa St. Suite	#3600		
CITY-ST-ZIP	TAMPA FL 33602		2. 4 CITY-ST-ZIP	Tampa, Florida 33602	#3000		
TITLE	,	DELETE	3.1 TITLE	V	Change	X Addition	
NAME			3.2 NAME	Nelson, Mitchell I.			
STREET ADDRESS			3.3 STREET ADDRESS	100 S. Ashley Suite #11	00		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Tampa, Florida 33602	00		
TITLE		☐ DELETE	4.1 TITLE	Tampay Tiorida 33002	Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u>{</u>		4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP	<u> </u>			
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME	d		6.2 NAME				
STREET ADDRESS	1		6.3 STREET ADDRESS				
CITY-ST-7IP			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.

4/16/98

(Pr Mannowers

**FILED** 

Apr 24 1998 8:00am

Secretary of State

R2E034 (10/97)

Zip Code