

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90008 019 \*\*\*450.00

**DOCUMENT # P97000079745**

1. Corporation Name  
**PEOPLEWERKS, INC.**

Principal Place of Business  
**100 N TAMPA STREET  
SUITE 3600  
TAMPA FL 33602**

Mailing Address  
**100 N TAMPA STREET  
SUITE 3600  
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/12/1997**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30  
9. Name and Address of Current Registered Agent

**FAMA, JAMES P  
100 N TAMPA STREET  
SUITE 3600  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name  
**Dilip Patel, IMRglobal Corp.**

82 Street Address (P.O. Box Number is Not Acceptable)

**26750 U.S. Hwy. 19, N., Suite 500**

83

84 City  
**Clearwater**

85 Zip Code  
**FL 33761**

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]*

**DILIP PATEL Secretary**

**4/5/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P HICKSON, DAVID W**  
STREET ADDRESS **100 N TAMPA STREET STE 3600**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ DELETE  
NAME **VTS FAMA, JAMES P**  
STREET ADDRESS **100 N TAMPA STREET STE 3600**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE  
NAME **V NELSON, MITCHELL I**  
STREET ADDRESS **100 S ASHLEY #1100**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition  
1.2 NAME **Dilip Patel**  
1.3 STREET ADDRESS **IMRglobal Corp.**  
1.4 CITY-ST-ZIP **26750 U.S. Hwy. 19, N., Suite 500  
Clearwater, FL 33761**

2.1 TITLE **T** ☐ Change ☒ Addition  
2.2 NAME **Joseph A. Springer**  
2.3 STREET ADDRESS **100 N. Tampa Street, Suite 3600**  
2.4 CITY-ST-ZIP **Tampa, FL 33602**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Joe Springer, Treasurer** **4.5.99 (813)222.3900**  
Date Daytime Phone #

CR2E034 (11/98)