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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081338 (0)

THE INNERWORK INSTITUTE, P.A.

FILED Mar 31 1998 8:00am Secretary of State



<u> </u>						
Principal Place of Business Mailing Address					, tooties, its last com som early said and tides with this test	
2343 SE 27 S CAPE CORAL		2343 SE 27 STREET CAPE CORAL FL 33904				
7771 201016	· • • • • • • • • • • • • • • • • • • •	**** ** ******************************			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
. 69	N-1-4D	Ta Marie Astron			09/18/1997	
2. Principal P	2a. Mailing Address	ng Address		4. FEI Number Applied For Not Applied For Not Applied For		
Suite, Apt.	F DEL PRADO BL.	Suite, Apt. #, etc.			¢0.76 4.40V	
22 209	# , 610.	27			5. Certificate of Status Desired Fee Required	
City & Stat	·	City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
	CORAL FL	28			Trust Fund Contribution Added to Fees	
24 339 0	Country 25 LEE	Zip	Count	ry	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30	
24 33 90	9. Name and Address of Curre	nt Pagistered Agent	30		Personal Property Tax due June 30. Yes No	
CA		In Suprision Whole	8	1 Name	<u> </u>	
	NCELLO, RANDALL C 43 SE 27 STREET		L	MATRICK O FEHELEY		
		6	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	PE CORAL FL 33904		8	3 0 0 00		
			a	C APE.	COKAL PL 33904	
			*	T City	FL 85 Zip Code	
agent. I a SIGNATURE	signature typed or printed name of registered ag	eq_		es. atrut gent signatura requi	ired by reinfaling DATE	
12.		VIAD RECTORS	13.	and a Security 1900.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE		Change Addition	
NAME	FEHELEY, JAMIE D		1.2 NAM	E		
STREET ADDRESS	2343 SE 27 STREET		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAM	E)		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		LOUETE		- ST- ZIP	T 0	
TITLE		[_] OFLETE	3.1 TITLE	1	Change Addition	
NAME 070007 + DDD0000			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 DITY	ŀ		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAM	.		
STREET ADDRESS			5.3 STRE	ET ADORESS		
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	et address		
CITY-ST-ZIP			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 altachment with an address.

SIGNATURE: