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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kathèrine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000086062

1. Corporation Name

**OBJECT WORKS, INC.** 

## **FILED** Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90069 028 \*\*\*150.00



| Principal Place                               | of Business                                    | Mailing Address             |                     |                  |                   | * IMBEHDE! 11% IBEH IMPIL #0117 4011                 | . #4511 ##1#1 1#11 <b>#</b> | ************************************** | *************************************** |
|---|--|-----------------------------|---------------------|------------------|-------------------|--|-----------------------------|--|---|
| 120 ORANGE STREET 120 ORANGE STREET           |  |                             |                     |                  |                   |  |                             |  |   |
| PALM HARBOR FL 34683 PALM HARBOR FL 3468:     |  |                             | 34683               |                  |                   | DO NOT WRITE IN THIS SPACE                           |                             |  |   |
|   |  |                             |                     |                  |                   | 3. Date Incorporated or Qualifed 10/06/1997          | <del></del>                 |  |   |
| 2. Principal Place of Business 2a. Mailing    |  |                             | iling Address       |                  |                   | 4. FEI Number  |                             | Apr                                    | lied For                                |
| 21  | 000 0, E10                                     | ь -                         | 26                  |                  |                   | 59-3471056   | Not Applicable              |  |   |
| 7.  |  |                             | Suite, Apt. #, etc. |                  |                   |  | \$                          | 8.75 A                                 | dditional                               |
| 27  |  |                             |                     |                  |                   | 5. Certificate of Status Desired                     |                             | Fee Red                                | quired                                  |
| City & State City & Sta                       |  |                             | е                   |                  |                   | 6. Election Campaign Financing                       |                             | \$5.00                                 | May Be                                  |
| 23  |  | 28                          | 28                  |                  |                   | Trust Fund Contribution Added to Fees                |                             |  |   |
| Zip   | Zip Country Zip                                |                             | Country             |                  |                   | 8. This corporation owes the current year intangible |                             |  |   |
| 24  | 25   | 29                          | 30                  | 30               |                   | Personal Property Tax. Yes No                        |                             |  |   |
|   | 9. Name and Address of Cur                     | rrent Registered Agent      |                     | -                |                   | 10. Name and Address of New Re                       | gistered Age                | <u>nt</u>                              |   |
| FLOS  | DIDA INCODDODATORS INC                         |                             |                     | 81               | Name              |  |                             |  |   |
| FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE |  |                             |                     | 82               | Street Add        | eet Address (P.O. Box Number is Not Acceptable)      |                             |  |   |
| SUITE 900                                     |  |                             |                     |                  |                   | w sign to the part of                                |                             | 11 12 1 1                              | Co 7004 - 1041                          |
|   | L 900<br>Al FL 33131                           |                             |                     | 83               |                   |  |                             |  |   |
| MIM   | WI LE 22121                                    |                             |                     | 84               | City              |  | 8                           | 5 Zip C                                | ode                                     |
|   |  |                             |                     |                  |                   | poration submits this statement for the p            | <u> </u>                    |  |   |
| agent. I ar<br>SIGNATURE                      | m familiar with, and accept the ob             | ligations of, Section 607.0 | 505, Florida Sta    | itutes.          |                   | ion's board of directors. I hereby accept            |                             | in as reg                              |   |
|   | Signature, typed or printed name of registered |                             |                     |                  | signature require | ed when reinstating)  ADDITIONS/CHANGES TO OFF       | DATE                        | IDECTO!                                | DC IN 12                                |
| 12.   |  | AND DIRECTORS               | 13                  | TITLE            | <del></del>       | ADDITIONS/CHANGES TO OFF                             |                             | Change                                 | Addition                                |
| TITLE   | D<br>Donelow, Jody R                           | ∪ 05                        |                     |                  |                   | • •  | ليا                         | Orlango                                |   |
| NAME  | 120 ORANGE STREET                              |                             | 1                   | NAME             | 1000500           |  |                             |  |   |
| STREET ADDRESS                                |  |                             |                     |                  | ADDRESS           |  |                             |  |   |
| CITY-ST-ZIP                                   | PALM HARBOR FL 34683                           | ☐ DE                        |                     | CITY-ST<br>TITLE | - ZIP             |  |                             | Change                                 | Addition                                |
| TITLE   | <del>-</del>                                   | اللها اللها                 |                     | NAME             | ļ                 |  | <u></u>                     | g                                      |   |
| NAME  | DONELOW, STEVE<br>120 ORANGE STREET            |                             |                     |                  | ADDRESS           |  |                             |  | ł                                       |
| STREET ADDRESS                                | PALM HARBOR FL 34683                           |                             |                     |                  |                   |  |                             |  |   |
| CITY-ST-ZIP                                   | FALM HANDON I E 34003                          | [] DE                       |                     | CITY-ST          | 1-219             |  |                             | Change                                 | Addition                                |
| TITLE   |  |                             |                     | NAME             |                   |  | _                           | •                                      |   |
| NAME  | e st   |                             | ·                   |                  | ADDRESS           |  |                             |  |   |
| STREET ADDRESS                                |  |                             |                     | CITY-SI          |                   |  |                             |  | 温温源士                                    |
| CITY-ST-ZIP<br>TITLE                          |  | Пов                         |                     | TITLE            |                   |  |                             | Change                                 | Addition                                |
| NAME  |  |                             |                     | NAME             |                   |  | _                           | •                                      |   |
| <i>'</i>                                      |  |                             | 1                   |                  | ADDRESS           |  |                             |  |   |
| STREET ADDRESS                                |  |                             |                     | CITY-ST          | 1                 |  |                             |  | ,                                       |
| CITY-ST-ZIP<br>TITLE                          |  |                             |                     | TITLE            | -211              |  |                             | Change                                 | Addition                                |
| NAME  |  |                             |                     | NAME             |                   |  | ,                           | -                                      |   |
| STREET ADDRESS                                |  |                             |                     |                  | ADDRESS           |  |                             |  |   |
|   | •  |                             |                     | CITY-ST          |                   |  |                             |  |   |
| CITY-ST-ZIP<br>TITLE                          | 17.4   |                             |                     | TITLE            |                   | ,  |                             | Change                                 | Addition                                |
| NAME  |  |                             |                     | NAME             |                   |  |                             | -                                      |   |
| STREET ADDRESS                                | •  |                             |                     |                  | ADDRESS           |  |                             |  | }                                       |
| CITY-ST-ZIP                                   |  |                             |                     | CITY-ST          |                   |  |                             |  |   |
| 0111-31-4P                                    |  |                             | <b>a</b>            |                  | ,                 |  |                             |  |   |

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:

CITY-ST-ZIP

R. Donelow