ANNUAL REPORT



Secretary of State

1999		DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name AMERICA: WORK	P.980	000 23326 Ami, Irc
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Principal Place of Business	· Mailing	Address
2125 BISCAYNE BOIL	EVAND 121	5 CHESTNUT STREET

FILED Jun 19, 1999 8:00 am Secretary of State

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DOCUMENT# P900002	3326	06-19-1999 90003 001 ***550.00
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Principal Place of Business Mailing Address		55562 5565 5
2125 BISCAYNE BOILEVARD 1215 CHEST	NOT STREET	-
SUITE 340 NEWTON UPPE	ER FALLS, MA	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
M 4 M C/ 33.3-4	02464-1308	
2. Principal Place of Business 2a, Mailing Address		1 4. FE MUNIDER 1 Population 1
21 2125 BISCAYNE BOVLEVARD 28 /215 CHESTAN	T STREGT	06-1509480 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22		& Stagtion Compaign Financing \$5.00 May Pa
MEMTON UPA	OER FALLS, M	Trust Fund Contribution Added to Fees
Zip Country Zip	Country	
24 33/37 25 USA 29 02464-1308 31	0 USA	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent	81 Name	o, radina di la sada d
DR Lee Bowes	R2 Street Addin	ess (P.O. Box Number is Not Acceptable)
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21:25 BISCAYNE BULLEVARD	83	
MIAMI FL 33137	84 City	FL 85 Zip Code
11 Pursuant to the crowsions of Sections 607.0502 and 607.1508. Florida Statutes	, the above-named corpo	pration submits this statement for the purpose of changing its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 	horized by the corporation a Statutes.	n's board of directors. I hereby accept the appointment as registered
SIGNATURE DX LCE BOWES		7-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature required	
Signature, typed or printed number of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS	egistered Agent signature required 13. 1.1 TITLE	
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAD OFFICER OR DIRECTOR