PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-19-1999 90073 006 ***150.00

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DOCUI	MENT # P98000	09165	0				
•	ORKS SALES, INC.						
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Principal Plac	e of Business	Mailing Ad	dress				
846 NW 8TH AVE 846 NW 8TH AVE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311							
ORT LAUDERO	DALE PL 33311	FURI LAUU	ENDALE PL 33311				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							10/27/1998
2. Principal Place of Business 2a. Mailing Address							4. FEI Number 09/6/40 Applied Far Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional
27							5. Certificate of Status Desired
City & State City & State			State				6. Election Campaign Financing \$5.00 May Be
3							Trust Fund Contribution Added to Fees
Zip	Country	Zip	- 530	Country			8. This corporation owes the current year Intangible Personal Property Tax.
4	9. Name and Address of Current	29 Registered As		<u>''</u>	_		10. Name and Address of New Registered Agent
	a. Helle and Worless of Contain	· tradition to be			81	Name	
MARCHESE, EMANUELE				ŀ	82 Street Addre		Address (P.O. Box Number is Not Acceptable)
846 NW 8TH AVE							
FORT LAUDERDALE FL 33311				83			
			, -	. t	84	City	FL 85 Zip Code
				<u> </u>	_1		the submits this statement for the purpose of changing its registered
AFF AA A4 4	equiptored appeal or both in the State (virionaa such	i chance was auto	CHIZEU	IIV 1	un e condon	corporation submits this statement for the purpose of changing its registered tration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section	607.0505, Florida	a Statu	les.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	. (NOTE: Re	gistered /	Agent	signature req	outred when reinstating) DATE
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MILE	D		☐ DELETE	1.1 T/T		i	☐ Change ☐ Addition
NAME	indicited, circulate		i i	1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		☐ DELETE	2.1 TITLE		-ZP	☐ Changa ☐ Addition
TITLE NAME	ļ	•		22 NA			
NAME STREET ADDRESS						ADDRESS	
CITY-ST-ZIP		• .		2. 4 CTT	Y-51	T-ZIP	·
TITLE			DELETE	3.1 TITE	LE		☐ Change ☐ Addition
NAME				3.2 NA	ΜE		
STREET ADDRESS				ŀ		ADDRESS	}
CITY-ST-ZIP	<u> </u>		DELETE	3.4. C/I	_	7-ZIP	☐ Change ☐ Addition
TILE			C DECENE	4.1 TITE			
WWE ADDRESS				4.2 NAME 4.3 STREET A		ADDRESS	
STREET ADDRESS CITY-ST-ZIP	,			4.4 CIT			·
TILE	<u> </u>		DELETE	5.1 TITL			☐ Change ☐ Addition
NAME				52 NA	WE	- 1	
STREET ADDRESS			1	5.3 STR	ŒĔŤ	ADDRES\$	
CITY-ST-ZIP				5.4 CIT		·ZP	
TITLE			DELETE	6.1 TITL			☐ Change ☐ Addition
NAME	المراجع بالمراجع بالمراع بالمراجع بالم			62 NAA		ADDOCCO	\
STREET ADDRESS	is the company of the fit			ľ		ADDRESS	
слу-51-29	44 1 Mar.			6.4 CIT	1-51	-21	

14. I hereby certify that the information supplied with this filing abes 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears in Block 12 or Block 13 if changed, good an attachment with an address, with all other like empowered.