1. Entity Nam		"3770000 -		,,, , , ,						-		
•		VORKS INCORPORA	TED					May	FII 26, 2 cretar	LED 2000	8:0	00 an
Principal Place	e of Business	Mailing Address	ailing Address				Sec	retar	y of	Sta	ate	
13333 OVERSEAS HIGHWAY MARATHON FL 33050 US			13333 OVERSEAS HIGHWAY MARATHON FL 33050-3524 US					05-2	26-2000 901	111 016 *	**150	0.00
-		•			•							
2. Principal Place of Business			3. Mailing Address									II OHOH IOM
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	е		City & State				4. FEI Nu	umber 59-3	3559479			plied For t Applicable
Zip Country		Zip Coun		try	5. Certificate of Status Desired See Required							
	6. Name	and Address of Current	Registered Agent	<u> </u>			7. Name	and Address	of New Regist		•	
					Name			_				
207	THERFORD BUCK DR.,	MS 2/101	•		Street-A	ddress (P.	O. Box Nu	ımber is Not A	cceptable)			·, ~
FT. V	Walton bi	EACH FL 32548	*		City					FL Z	ip Code) -
8. The above	named entity	y submits this statement for	the purpose of changing it	s registere	ed office or	registered	d agent, o	r both, in the S	tate of Florida.	•		
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signat	ure required w	hen reinstatin	g)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					. Election Cam Trust Fund C	paign Financir ontribution.	ng 🔲	\$5.0 Added	May Be to Fees
11.		OFFICERS AND	DIRECTORS	12.			ADDITIO	NS/CHANGE	S TO OFFICER	S AND DIRE	CTORS	3 IN 11
TITLE , NAME STREET ADDRESS		rford, aka ri n r K drive, ne	☐ Delete	NAM Stre	E E EET ADDRESS	D WEAT! 107 E	IERFO BUCK	RD, AKQ	rin R B LH, FL3	ە∕ي	hange	Addition 1
CITY-ST-ZIP		ON BEAH FL 32548		CITY	-ST-ZIP	Ft.	NALT	DN BEAG	H, PL3	2848		· <u>-</u>
TITLE NAME STREET ADDRESS	,		☐ Delete	TITLI NAM STRE	Ė					, 	hange	☐ Addition
CITY-ST-ZIP				СІТҮ	-ST-ZIP							
TITLE NAME			☐ Delete	TITLI ~- NAM		ļ				C	hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP			······				
TITLE NAME			☐ Delete	TITLI NAM					*	c	hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP		· · · · · · · · · · · · · · · · · · ·					
TITLE NAME			☐ Delete	TITLI NAM						<u> </u>	hange	☐ Addition
STREET ADORESS CITY-ST-ZIP		e with		STR	EET ADDRESS -ST-ZIP					``		}
TITLE NAME		7	☐ Delete	TITL NAM							hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP		, 		STRI	EET ADDRESS -ST-ZIP				344			
indicated of the cor	on this reportion or the control of	rt or supplemental report is he receiver or trustee empo	this filing does not qualify furrue and accurate and that owered to execute this repolition with all other like empowere	: my signa rt as requi	ture shall t	have the sa	ime legal	effect as it ma	de under oath:	that I am an	atticer	or airector 1
J. W. 1771	· • · · · -	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	H OR DIREC	r o ft		-	Date		Dayame i	hone #	