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FILED Apr 07 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # \$22068** (8)WORKERS OF FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 148534 3222 CORRINE DR ORLANDO FL 82814-8334 ORLANDO FL 32003 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1990 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 1485 S. Semoran Blvd 4910 PO Box 59-3040346 Not Applicable \$8.75 Additional 22 Building 6, Suite 1441 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be Winter Park Election Campaign Financing Winter Par Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 32793 USA US Yes No 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name KEVIN P. MARKEY 15 E. MERRITT ISLAND 82 Street Address (P.O. Box Number is Not Acceptable) CAUSEWAY, SUITE 307 83 MERRITT ISLAND FL 32952 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type if or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition 1.1 TITLE TILE LANG, MARK 1.2 NAME 4600 LAKE CALABAY DR 13 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CHY-ST-70 DELETE Change Addition TITLE 2.1 TITLE KOMLENIC, GEORGE M. 2.2 NAME NAM: 140 DOUBLE EAGLE DR 2.3 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL CHY-ST-7IP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY - ST-ZIP CITY - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME: STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Q(EY - S3 - 702 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS COTY ST 789 54 CITY-ST-ZIP DELETE Addition 61 TITLE mil MAM 6 2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 0:1Y-S1-7IP 6.4 CITY ST-ZIP 14. To be reby certify that the information supplied with this filing does of qualify for the elemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information edicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receiver of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed of the corporation attantiment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #