

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 AM 9:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S98816

(9)

1. Corporation Name

CAREERWORKS, INCORPORATED

Principal Place of Business

**% LAURA JACK
7205 GLENEAGLE DRIVE
MIAMI LAKES FL 33014**

Mailing Address

**% LAURA JACK
7205 GLENEAGLE DRIVE
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0300427

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JACK, LAURA
7850 N.W. 148 ST.
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent

81 Name

JACK, LAURA

82 Street Address (P.O. Box Number is Not Acceptable)

83

7205 Gleneagle Dr.

84 City

Miami Lakes FL

85 Zip

33014

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

Laura Jack

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

4-16-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JACK, LAURA
STREET ADDRESS	7205 GLENEAGLE DR.
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	D
NAME	WRIGHT, VENNE
STREET ADDRESS	554 7TH AVE.
CITY - ST - ZIP	SAN BRUNO CA
TITLE	D
NAME	HUETT, LINDA
STREET ADDRESS	10885 CYPRESS RUN CIRCLE
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Laura Jack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/95

Date

(385)

380-3223

Daytime Phone #