## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V28047

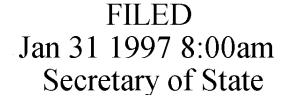
(1)

Principal Place of Business

BEDWORKS, INC.

Mailing Address

730 W. MCNAB ROAD





730 W. MCNAB ROAD FORT LAUDERDALE FL 33309			730 W. MCNAB ROAD FORT LAUDERDALE FL 33309-2150									
								3. Date Incorporated or Qual 04/10/1992	ified	3a. Date o		ep <b>ort</b>
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number			Ap	plied For	
21		26	26				65-0327028			No	t Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc				5. Certificate of Status Desire	d [	\$8.75 Additional Fee Required			
City & State	e	City & S 28	City & State				Election Campaign Finance     Trust Fund Contribution	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	25	Zip 29	29 30				8. This corporation has liability for in angible tax under s. 199.032, Florida Statutes Yes No					
			ent Registered Ag	ent				10. Name and Address of Ne	w Regis	itered Age	nt	
	UDY, GERALD					81	Name					
730 W. MCNAB ROAD FORT LAUDERDALE FL 33309						82	Street A	ddress (P.O. Box Number is Not Acc	eptable)	)	<del></del>	***·····
						83						
						84	City		• • • • • • • • • • • • • • • • • • • •	FL <sup>8</sup>	15 Zip (	Code
office or re	egistered agent	or both, in the Sta	502 and 607.1508, le of Florida. Such gations of, Section	change was a	authorize	d by	the corp	corporation submits this statement for oration's board of directors. I hereby	the purp accept t	pose of chi he appoint	anging its ment as	s registered registered
SIGNATURE	Mar. 10. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1											
12.						d Age	nt signature i	required when reinstating)  ADDITIONS/CHANGES TO		DATE	DECTOR	C INI 10
TITLE	DP	OFFICERS A		DELETE	13. 117	TIE	·····	ADDITIONS/CHANGES TO	UFFICE		Change	Addition
NAME	ELLMAN, LE	ON	•		1.2 N						Omingo	Car regulation
STREET ADORESS	730 W. MCN						ADDRESS					
CITY-ST-ZIP	FT. LAUDER					incei ITY-\$						
THILE	VP		<u>-</u> <u>-</u>	DELETE	2.1 TI		1.5 €11				Change	Addition
NAME	DUANY, AN	THONY A.		_	2.2 N					_		
STREET ADDRESS	730 W. MCN						ADDRESS					
CITY-ST-ZIP	ft lauderi	DALE FL			2.40	HTY - S	T-ZIP					
TULE	VPS			DELETE	3.1 T						Change	Addition
NAME	Berk, Arth	iur J.			3.2 N	AME						
STREET ADDRESS	730 W. MCN				3.3 S	TREET	ADDRESS					
CHTY - ST - ZIP	ft. Lauder	DALE FL			3.4. 0	ITY - S	T-ZIP					
TITLE	VPT			DELETE	4.1 Ti	TLE					Change	Addition
NAME	BRADY, GE				4.21	IAME						
STREET ADDRESS	730 W. MCN				4.3 \$	TREET	ADDRESS					
City-\$1-7iP	FT. LAUDER	DALE FL				TY-S	T-ZIP				·····	
TITLE			l	DELETE	5.1 Ti					U	Change	Addition
NAME					5.2 N							
STREET ADDRESS	'				9		address					
CITY-ST-7#				Locuere		TY-5	T-Z)P	<del></del>		·····	0	A 1491
TITLE			1	DELETE	6.1 TI					U	Change	Addition
NAME					6.2 N							
STREET ADDRESS							address					
CHY-ST-ZIP			***************************************		6.4 C	ITY-S	T-ZIP					

14. I do hereby certify that the information supplied with this filing does 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 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: