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

PROFIT **CORPORATION** 



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT  1996			Secretary of State DIVISION OF CORPORATIONS						
DOCUN 1. Corporation		31133	(4)						
	E WORKS, INC.					11850 811880 ((8) 1188 (188			
Principal Place	of Business	Mai	ling Address						
-	VER SPGS BLVD	14101	PO BOX 6002						
UNIT 2 OCALA FL US			OCALA FL 34478 US			3. Date Proorporated or Oralified	3a. Date of Last		1
2. Principal Plas	ce of Business	22	Mailing Address			04/22/1992 4. EUNumber	10/05/		1
21		26	Maing Address			26-5700417	}-	Applied For Not Applicable	-
Suite, Apt. #	, etc.	t 1	Suite, Apt. #, etc			5. Certificate of Status Desired		5 Additional	
City & State		[27]	Orty & State			Flection Campaign Financing     Trust Fund Contribution		Required  May Be	
Zip [ <b>24</b> ]	Country 25	29	7ф	Country 30		8. This corporation has liability for		led to Fees s 199.032,	
	9. Name and Address	of Current Registe	ered Agent			10. Name and Address of New I	Registered Agent		
NCHO	DDOW DICUADO D			81	Name				
	RROW, RICHARD D. SILVER SPGS BLVD			82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)		
UNIT 2				83					}
OCALA	FL 34470			84	Orty		85 7	Zip Code	ł
11. Pursuant to	the provisions of Section	607 0502 and 607	1508 Florida Stal r	tos the shous	land form	ration submits this statement for the pu			ļ
UI TOUISIETEI	d agent, or both, in the St , and accept the obligatio	ate of Fioriga, Such o	chance was author.	zed by the com	oration's boa	ration soomits this statement for the purified of directors. Thereby accept the app	rpose of changing its ointment as registers	registered office ed agent. I am	
SIGNATURE.	·		, i						
	Ignation, typed or printed name of n OFF	gistered agent and the Iraq. ICERS AND DIRECT		13.	t Signature respilie	dwhermestrong  ADDITIONS/CHANGES TO OFF	DATE	ODC IN 19	32
1016	Р		DELETE	1.11111.6		ADDITIONS OF PANGES TO OFF	Change	Addition	CR2E034 (12/95)
NAME	MCMORROW, RIC			1.2 NAME					8
STREET ADDRESS	3423 E SILVER SI OCALA FL	'gs blvd, unit 2	2	1.3 STREET					Ĕ
CHY-SI-ZIP TITLE	OUALA FL		[] DELETE	1.4 C/TY - S 2 1 Till.E	1-2if'		F1 Carres	<b>53.</b> Market	兴
NAME				2.2 NAME			Change	Addition	
STREET ADDRESS				23 STHEET	ADDRESS				ĺ
CITY-ST-ZIP				24 CITY - S	- Zir				ĺ
7016			☐ DELFTE	3. 1 TITLE			☐ Change	Addition	ĺ
NAME STREET ADDRESS				3.2 NAME					l
CITY-SI-ZIP				33 STREET	į				ĺ
TITLE			DELETE	4 1 TITLE	- · · · · · · · · · · · · · · · · · · ·		☐ Charige	Addition	
NAME				4.2 NAME					
STREET ADDRESS				4.5 STREET	ADDRESS				
CIRY-ST-ZIP		· . <u> </u>		4.4 CITY - S	1 - ZIF				
TITLE			DELETE	5 1 TITLE			Change	☐ Addition	
NAME STUGGE ADMODECO				5.2 NAME					
STREET ADORESS OF Y-ST-ZIP				53 STHEET					
TITLE			DELETE	5.4 CITY+S 6.1 TITLE	- 1 1s.		Change	Addition:	
NAME				6.2 NAME			Ond.1g5		
STREET ADDRESS				6.3 STREET	ADDRESS				
011 Y - S1 - Z1P				6.4 CiTY - S	1 - <b>2</b> 1P				

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 119.07(3)fk). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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 trusted empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

O4.03-96 (363)840-0660

SIGNATURE:

04.03-96 (363)840-0660