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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V/31798

1. Corporation	Name WORKS, INC.									
Principal Place	of Business	Ma	ailing Address							
051 NW 29 ST			2051 NW 29 ST							
AKLAND PARK FL 33309 S			OAKLAND PARK FL 33309 US				Ì	DO NOT WRITE IN THIS SPACE		
5		- 00					ſ	3. Date Incorporated or Qualifed		
								04/24/1992	- 1 -	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Applied For Not Applicable	
			26				_	65-0330382	330382   Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	5. Certificate of Status Desired Fee Required		
22		27	City & State					6. Election Campaign Financing	\$5.00	May Be
City & State		20	City & State					Trust Fund Contribution		to Fees
23	Country	28	Zip	Cou	ntry			8. This corporation owes the current year I	ntangible	
Zip	25		9 30		-			Personal Property Tax.		
4 25 9. Name and Address of Current							10. Name and Address of New Registered		d Agent	
	0. 114				81	Name				1
	nza, mark a.				82	Street Ac	ldres	is (P.O. Box Number is Not Acceptable)		
2051 NW 29 ST						83				
OAKLAND PARK FL 33309										•
						City		85 Zip Code		
					B4 City FL 85 Zip Code  above-named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered tutes.					its registered
agent. 1 at	Signature, typed or printed name of registered age	ent and title	if applicable. (NOTE	: Registered				when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AI	ND DIRI		13.		<del></del>	_	ADDITIONS/CHANGES TO OFFICERS	Chang	
	DP		☐ DELETE	1.1 TI		ļ				_
	PIETANZA, MARK A.			1.2 N		- 1000000				
	2051 NW 29 ST					TADDRESS				Į
CITY-ST-ZIP	OAKLAND PARK FL 33309		☐ DELETE	_		T-ZIP			Chang	e 🔲 Addition
TITLE	<b>_</b>				2.1 TITLE 2.2 NAME					1
NAME						T ADDRESS				1
STREET ADDRESS						ST-ZIP	-	• •		
CITY-ST-ZIP			☐ DELETE	3.1 T	_	31-21			☐ Chang	je 🗀 Addition
TITLE				3.2 N		Ì				Ì
NAME				i i		TADDRESS				
STREET ADDRESS						ST-ZIP				
CITY-ST-ZIP			☐ DELETE	_	TLE				☐ Chang	ge 🗌 Addition
TITLE				4. 21	NAME	:				į
NAME STREET ADDRESS				4.3 9	TREE	TADDRESS				
	17 18		, 21. 141. 31. 111	440	mγ-s	ST-ZIP	4	15 W 187		E A Line
CITY-ST-ZIP		-	☐ DELETE	5.1 T	TTLE			•	Chang	ge 🗌 Addition
NAME				5.21	IAME					
STREET ADDRESS	,		A. C.	5.3 \$	TREE	T ADDRESS				
CITY-ST-ZIP			i as			ST-ZIP				as Addition
TITLE			☐ DELETE	6.1	ITLE				☐ Chan	ge
NAME					NAME					
STREET ADDRESS	3					ET ADDRESS				
CITY.ST. 7IP				6.4	CITY-	ST-ZIP			30.00	

14. I 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 one an attachment with an eddress, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

THE SECTIOES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90009 031 \*\*\*158.75