FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V52872** **(1)**

1. Corporation Name

WORK PERFORMANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1211 WREN AVE MIAMI SPRINGS FL 33166-3858	1211 WREN AVE MIAMI SPRINGS FL 33166-3858

2. Principal Place of Business 21 10430 N.W. 21 ST.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holly Wood FL	City & State 28
Zip 24 33026 Country 25 Brwd	Zip Country 29 30

3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 06/30/1995
4. FEI Number 59-3149785	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CONSUEGRA, MARIA E
155 S MIAMI AVE
PENTHOUSE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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: Signature, typed or printed name of registered agent and title if agent is a corporation (for NEW Registered Agent) Signature of registered agent (required for any change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GWIN, GEORGE HARVEY		1.2 NAME		
STREET ADDRESS	107 SUMMER BROOKE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEACHTREET CITY GA		1.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEXLER, CLAY		2.2 NAME		
STREET ADDRESS	13030 SW 84TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	SD VD	☐ Change ☑ Addition
NAME	GWIN, (VELEZ) YVETTE		3.2 NAME		
STREET ADDRESS	10430 NW 21 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	PD TD	☐ Change ☑ Addition
NAME	GWIN, BRIAN		4.2 NAME		
STREET ADDRESS	1211 WREN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Check # 690 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brian Gwin 6/10/96 Date Daytime Phone #