

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90136 031 ***150.00

DOCUMENT # V52872

1. Corporation Name
WORK PERFORMANCE CONSULTANTS, INC.



Principal Place of Business
10430 NW 21ST
HOLLYWOOD FL 33026
US

Mailing Address
1211 WREN AVE
MIAMI SPRINGS FL 33166-3858

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/24/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 7921 N.W. So. River Dr. #125		59-3149785	
City & State		City & State		Applied For	
23		28 Medley FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33166-2515		30 U.S.A.	
Country		Country		8. This corporation owes the current year intangible Personal Property Tax.	
25		30		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
85	Zip Code

FL

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDVD <input type="checkbox"/> DELETE	1.1 TITLE	PS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWIN, (VELEZ) YVETTE	1.2 NAME	
STREET ADDRESS	10430 NW 21 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	PDTD <input type="checkbox"/> DELETE	2.1 TITLE	VTDM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWIN, BRIAN	2.2 NAME	
STREET ADDRESS	1211 WREN AVENUE	2.3 STREET ADDRESS	7921 N.W. So. River Dr., #125
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	Medley FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian Gwin

Pres/Pres

4/11/99

(954) 435-7953

CR2E034 (11/98)