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Aug 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V58119 (1)
1. Corporation Name
WORKFORCE SYSTEMS CORP.



Principal Place of Business

Mailing Address

~~369 CUSICK ROAD~~
~~SUITE 02~~
~~ALCOA TN 37701~~

~~269 CUSICK ROAD~~
~~SUITE 02~~
~~ALCOA TN 37701-0127~~

2. Principal Place of Business

2a. Mailing Address

21 7777 Glades Road

26 7777 Glades Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 211

27 Suite 211

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip

Country

Zip

Country

24 33434

25 Palm Bch

29 33434

30 Palm Bch

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATLAS PEARLMAN & TROP PA
200 EAST LAS OLAS
SUITE 1900
FORT LAUDERDALE FL 33301

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 applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D/P~~ ☐ DELETE

NAME CHESNUTT, ELLA

STREET ADDRESS 269 CUSICK RD., SUITE C-2

CITY-ST-ZIP ALCOA TN 37701

TITLE DVS ☐ DELETE

NAME DORROUGH, JAYME

STREET ADDRESS 269 CUSICK RD., SUITE 02

CITY-ST-ZIP ALCOA TN 37701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

DIRECTOR

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

8870 Cedar Springs Lane Suite 5

Knowville TN 37923

☒ Change ☐ Addition

8870 Cedar Springs Lane, Suite 5

Knowville TN 37923

☐ Change ☒ Addition

D/P

ROBERT HIGUSMAN

7777 Glades Road Suite 211

Boca Raton FL 33434

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: X

[Signature]

[Signature]

[Signature]

CR2E034 (9/96)