

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # F95000005229 (8)

1. Corporation Name

OFFICE WORKOUTS, INC.



Principal Place of Business

28399 AGOURA ROAD STE 113
AGOURA CA 91301

Mailing Address

DALTON & MATHIAS CPA'S
9241 RESEDA #200
NORTHRIDGE CA 91324-3159

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

10/25/1995

3a. Date of Last Report

10/14/1996

4. FEI Number

95-4532141

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

HAYES, CONNIE
828 DEERWOOD AVE
ORLANDO FL 32825

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME DONLON, DENISE
STREET ADDRESS 28399 AGOURA RD #13
CITY-ST-ZIP AGOURA CA

TITLE VD ☐ DELETE

NAME DONLON, JIM
STREET ADDRESS 28399 AGOURA RD #13
CITY-ST-ZIP AGOURA CA

TITLE D ☐ DELETE

NAME ANTICO, HALE A
STREET ADDRESS 28399 AGOURA RD #13
CITY-ST-ZIP AGOURA CA

TITLE D ☐ DELETE

NAME ANTICO, PETE
STREET ADDRESS 28399 AGOURA RD #13
CITY-ST-ZIP AGOURA CA

TITLE D ☐ DELETE

NAME ANTICO, PAUL
STREET ADDRESS 28399 AGOURA RD #13
CITY-ST-ZIP AGOURA CA

TITLE ST ☐ DELETE

NAME HOPKINS, LISA
STREET ADDRESS 28399 AGOURA RD #13
CITY-ST-ZIP AGOURA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

[Signature]

11/20/97 918-991-6256

CR2E034 (9/96)