

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005229 (8)
 1. Corporation Name
OFFICE WORKOUTS, INC.



Principal Place of Business 29399 AGOURA ROAD STE 113 AGOURA CA 91301	Mailing Address DALTON & MATHAS CPA'S 9241 RESEDA #200 NORTHRIDGE CA 91324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-4532141		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	30 Country	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HAYES, CONNIE 826 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONLON, DENISE		1.2 NAME		
STREET ADDRESS	29399 AGOURA RD #13		1.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONLON, JIM		2.2 NAME		
STREET ADDRESS	29399 AGOURA RD #13		2.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTICO, HALE A		3.2 NAME		
STREET ADDRESS	29399 AGOURA RD #13		3.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTICO, PETE		4.2 NAME		
STREET ADDRESS	29399 AGOURA RD #13		4.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTICO, PAUL		5.2 NAME		
STREET ADDRESS	29399 AGOURA RD #13		5.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		5.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOPKINS, LISA		6.2 NAME		
STREET ADDRESS	29399 AGOURA RD #13		6.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		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

CR2E034 (10/97)

Handwritten signatures and date: 11/21/98