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

PROFIT CORPORATION ANNUAL REPORT

1997

CAREER CENTER INCORPORATED

BUCHANAN, CAROLYNN



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

643124

9. Name and Address of Current Registered Agent

(1)

FILED Feb 18 1997 8:00am Secretary of State

10. Name and Address of New Registered Agent

Principal Place of Business	Mailing Address				
802 NW 16TH AVENUE B GAINESVILLE FL 32801	802 NW 16TH AVENUE B Gainesville FL 32801-4012				
US	US	I mean this	3a. Date of Last Report 01/26/1996		
Principal Place of Business	2a. Mailing Address 26	4. FEI Number	Applied For Not Applicabl		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc	5. Certificate of Status Desired \$8.75	Additional Required		
City & State 23	City & State 28		May Be		
Zip Country 25	Zip Country 30	8. This corporation has liability for intangible tax under Florida Statutes	s. 199.032,		

802 NW 16TH AVENUE
SUITE B
GAINESVILLE FL 32801

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

83

City

FL

85 Zip Code

B1 Name

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 a coept the appointment as registered agent. I am familiar with, and accept the obligators of the obligators of the obligators.

SIGNATURE	Signature, typed or printed name of type encid agent and title if applicable.	/NOTE: B	nnislaran Anani sinnalus	required when reinstating)		
12.	OPCIOERS AND DIRECTORS	(NOTE. R	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
THE	P	DELETE	1.1 TITLE		Change	Addition
NAME	BUCHANAN, CAROLYNN		1.2 NAME	·		
STREET ADDRESS	8323 N.E. 39TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY-ST-ZIP			
TOLE	ST	DELETE	2.1 TITLE	·	Change	Addition
NAME	BUCHANAN, GARY L		2.2 NAME			
STREET ADDRESS	8323 N.E. 39TH STREET		2.3 STREET ADDRESS	•		
DITY-ST-ZIP	GAINESVILLE FL 32609		2. 4 CITY-ST-ZIP			
TITLE	Ţ <u>.</u>	DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CUTY - ST - ZIP			3.4. CITY-ST-ZIP	•	•	
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CATY - \$1 - ZIP			4.4 CITY+ST-ZIP	•		
TITLE		DELETE	5.1 TITLE	:	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY - ST - ZIP			
TILE		DELETE	61 TITLE		Change	Addition
NAME		ĺ	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - S1 - ZiP			64 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 adverse.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

OF SIGNING OFFICER OR DIRECTOR

2/13/97

(350) 378-2300

Davtime Phone #