

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000091718 (1)

1. Corporation Name
COLLEGE PROFESSIONAL PLACEMENT, INC.



Principal Place of Business: **12829 PARKBURY DR. ORLANDO FL 32828**
 Mailing Address: **12829 PARKBURY DR. ORLANDO FL 32828**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	8431 Aloma Avenue	26	2431 Aloma Ave	10/24/1997	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	
Ste 245		Ste 245		59-3477685	
City & State		City & State		Applied For	
Winter Park, FL		Winter Park, FL		<input type="checkbox"/> Not Applicable	
22	Zip	27	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32792	USA	32792	USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TIRU, ANGELA A 2600 N. ANDREWS AVE. FT. LAUDERDALE FL 33311			Kevin L. Brown 2431 Aloma Ave Ste 245 Winter Park FL 32792		

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

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: *Kevin L. Brown* DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, ALYNDRIA	1.2 NAME	
STREET ADDRESS	12829 PARKBURY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KEVIN	2.2 NAME	
STREET ADDRESS	12829 PARKBURY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	
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.

SIGNATURE: *Kevin L. Brown* DATE: **4/28/98**

CR2E034 (10/97)