

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90280 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000091718

1. Corporation Name
COLLEGE PROFESSIONAL PLACEMENT, INC.



Principal Place of Business 2431 ALOMA AVENUE STE 245 WINTER PARK FL 32792 US	Mailing Address 2431 ALOMA AVE STE 245 WINTER PARK FL 32792 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1997	4. FEI Number 59-3477685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Principal Place of Business 21 12829 Parkbury Drive Suite, Apt. #, etc.	2a. Mailing Address 26 12829 Parkbury Drive Suite, Apt. #, etc.
23 Orlando, FL 32828 City & State Zip Country	27 Orlando, FL City & State Zip Country
24 32828 25 USA	29 32828 30 USA

9. Name and Address of Current Registered Agent

BROWN, KEVIN L
 2431 ALOMA AVE
 STE 245
 WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name Brown, Kevin L
82 Street Address (P.O. Box Number is Not Acceptable) 12829 Parkbury Drive
83
84 City Orlando 85 Zip Code FL 32828

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* 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	BRENNAN, ALYNDRIA	
STREET ADDRESS	12829 PARKBURY DR.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	
NAME	BROWN, KEVIN	
STREET ADDRESS	12829 PARKBURY DR.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 119.073(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, with a letter like empowered.

SIGNATURE: *Kevin L Brown* 4/22/99 (407) 737-6470
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)