

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000100627 (3)

1. Corporation Name ROMAC INTERNATIONAL OF CONNECTICUT, INC.



Principal Place of Business: 120 W HYDE PARK PLACE SUITE 150 TAMPA FL 33606  
 Mailing Address: 120 W HYDE PARK PLACE SUITE 150 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	Country	
24	25	29	30

3. Date Incorporated or Qualified	11/25/1997
4. FEI Number	APPLIED FOR
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
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 or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 ROMAC INTERNATIONAL, INC.  
 120 W HYDE PARK PLACE SUITE 150 TAMPA FL 33606

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNKEL, DAVID L	
STREET ADDRESS	120 W HYDE PARK PLACE, STE 150	
CITY-ST-ZIP	TAMPA FL 33606	
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

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUNKEL, DAVID L.	
1.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150	
1.4 CITY-ST-ZIP	TAMPA, FL 33606	
2.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES D. SWANIZ	
2.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150	
2.4 CITY-ST-ZIP	TAMPA, FL 33606	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TOM CALCATERRA	
3.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150	
3.4 CITY-ST-ZIP	TAMPA, FL 33606	
4.1 TITLE	D, T, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER DOMINILI	
4.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150	
4.4 CITY-ST-ZIP	TAMPA, FL 33606	
5.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOWARD SUTER	
5.3 STREET ADDRESS	12566 CLASSIC DRIVE	
5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
6.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARD COCCHIARO	
6.3 STREET ADDRESS	1519 EDGEWOOD LANE	
6.4 CITY-ST-ZIP	WINNETKA, IL 60093	

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: \_\_\_\_\_ 7/6/98 (813) 258-8855

CR2E034 (5/98)