

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000100628 (1)
 1. Corporation Name

ROMAC INTERNATIONAL OF COLORADO, INC.



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 11/25/1997
 4. FEI Number Applied For
 84-1441271 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 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

Signature, typed or printed name of registered agent and title if applicable

(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		
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 O. SWARTZ	
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	DTV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETER DOMINICI	
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 SUTTER	
5.3 STREET ADDRESS	12566 CLASSIC ORWE	
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) 258-8858

CR2E034 (5/98)