2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000108833

1. Entity Name
HUMAN CAPITAL MANAGEMENT, INC

FILED
04 NOV 16 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1000 W MCNAB RD. STE. 150 POMPANO BEACH, FL 33069	1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069

11102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1000 Corporate Drive	"same"
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Fort Lauderdale FL	City & State
Zip / Country 33334 / USA	Zip / Country

4. FEI Number
65-0970567
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUNN, J. SCOTT 100 SE 3RD AVENUE SUITE 2500 FORT LAUDERDALE, FL 33004	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J. Scott Gunn 11/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO CAPI-GUNN, KARY A 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCEO Kary A. Gunn 1000 Corporate Dr. Ste 300 Ft Laud FL 33334	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SMITH, C. LEO 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Smith, C. Leo 1000 Corporate Dr. Ste 300 Ft Laud FL 33334	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SARAFIANOS, GEORGE 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500042765445 11/16/04--01015--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNN, J. SCOTT 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069	☑ Delete (KG)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANOFF, MICHAEL 1000 W MCNAB RD.,STE. 150 POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11/23	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO HAWORTH, MARK 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Foos, Scott 1000 Corporate Dr. Ste 300 Ft Laud FL 33334	☑ Change ☑ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kary A. Gunn 11/10/04 (954) 318-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #