

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:21

DOCUMENT # **V32070 (7)**

1. Corporation Name
MANAGEMENT RECRUITERS OF MELBOURNE, INC.

Principal Place of Business Mailing Address
1775 WEST HIBISCUS BLVD. **134 5TH AVE** 1775 WEST HIBISCUS BLVD.
SUITE 215 **SUITE 208** SUITE 215
MELBOURNE FL 32901 **INDIALANTIC, FL 32903** MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **134 5TH AVE** 26 **134 5TH AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 208** 27 **SUITE 208**
City & State City & State
23 **INDIALANTIC FL** 28 **INDIALANTIC FL**
Zip Country Zip Country
24 **32903** 25 **OREGVARO** 29 **32903** 30 **BREVARD**

3. Date Incorporated or Qualified **04/27/1992** 3a. Date of Last Report **06/15/1994**
4. FEI Number **59-3132479** Applied For
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 has liability for intangible tax under S. 198.039
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CINCO, LARRY
1775 W. HIBISCUS **134 5TH AVE**
SUITE 215 **SUITE 208**
MELBOURNE FL 32901 **INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature: Typed or printed name of registered agent and his or her address (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CINCO, LARRY
STREET ADDRESS	1775 W. HIBISCUS BLVD. 134 5TH AVE
CITY, ST, ZIP	MELBOURNE FL INDIALANTIC FL
TITLE	D
NAME	CINCO, SUSAN
STREET ADDRESS	1775 W HIBISCUS BLVD 134 5TH AVE
CITY, ST, ZIP	MELBOURNE FL INDIALANTIC FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointment with an address.

SIGNATURE: **LARRY CINCO** **4/14/95** 407 951 7644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR