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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532699

(6)

INNOVATIVE HUMAN RESOURCES, INC.

FILED May 15 1997 8:00am Secretary of State

LIBORAL BURN INIO	HANA AINIO HÀIGH FRAI	CONTRACTOR CONTRACTOR	Tata Chan (Co)
	ii		
		8/8/ 8/8/ 8/8/ 8/8/ 8/6/	

SUIERN Blvd.	Mailing Address Disch P.O. BOX 23805 Ste 109 TAMPA FL 33623-3805 US				
33612	33612		3. Date Incorporated or Qualifie 05/01/1977	ed 3a. Date of Last Report 06/12/1996	
2. Principal Place of Business 21 100560 Busch T	2a. Mailing Address		4. FEI Number 59-1741935		pplied For lot Applicable
Surie, Apt. #, etc. 22 109	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional tequired
City & State 23 Tampa, FL	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 33612 25 14	C A	Country	8. This corporation has liability	for intangible tax under	s. 199.032,
	SA 29 3 s of Current Registered Agent	10	Florida Statutes 10. Name and Address of New		
WALDROCKROBERT	······································	81 Name	70. ((41))		
ALLAN WESTSHORE BLAC	Frank J. Greco, Esq		deed (D.O. Deed) in No. According	As Lets Y	
SUITE 914x	<pre>k Harris, Barrett, Ma: & Dew</pre>	nn 82 Street Add	dress (P.O. Box Number is Not Accep	наске)	
TAMBA-EL-32697	1715 N. Westshore B	1370 83			
	Cto 750	94 (34)		 85 Zip	Code
	Tampa FT. 33607	G4 City		FL S Z	Code
SIGNATURE Superinc Line 10		thorized by the corpori da Statutes. Repistered Agent signature requ		Cept the appointment a	-97
	CICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
THE PVDS	☐ DELETE	11 TATLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME WALDROP, ROBERT	1005 O Duranta Diana	1.2 NAME			
STREET ADDRESS HIX NOW STREET					
TAMPA FL 3000	Ste. 109, Tampa,	2.1 TITLE		Change	Addition
NAME WALDROP, ROBERT		B		Unango LL	
STREET ADDRESS INTERIOR	100560 Busch Blvd	2.3 STREET ADDRESS			- 1
CHY-ST-ZIP TAMPA FL 38907X	50e, 109	2. 4 CITY - ST - ZIP			
11*LE	Tampa, FI. 33612	3.1 TITLE		Change	Addition
NAME		3.2 NAME	•		
STREET ADDRESS		3.3 STREET ADDRESS			
City-St-ZiP		3.4. CITY-ST-ZIP			
THLE	DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
C(1Y - S1 - 2IP		4.4 CITY-ST-ZIP			
THILF	☐ DELETE	5.1 TITLE		L Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADORESS			
CITY - ST - ZIP	C offers	5.4 CITY-ST-ZIP		[] ch	Addition
Title	☐ DELETE	6.1 TITLE		Change	Addition
NAME		6 2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
C(TY-SI-7)=	tion supplied with this filing does not qualify	64 CITY-ST-ZIP			

i. I do 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 congretion 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 or place, or place and that my name.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/27

812-2545030

Daytime Phone #