

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 643871 (7)

1. Corporation Name

JOB OPPORTUNITY BUSINESS SPECIALISTS, INC.



Principal Place of Business

Mailing Address

225 S WESTMONTE DR  
SUITE 1170  
ALTAMONTE SPRINGS FL 32714

225 S WESTMONTE DR  
SUITE 1170  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified 11/02/1979	3a. Date of Last Report 04/21/1995
4. FEI Number 59-1947618	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 405 Douglas Avenue Suite, Apt. #, etc. 22 Suite #2205 City & State 23 Altamonte Springs, FL Zip 24 32714	2a. Mailing Address 25 405 Douglas Avenue Suite, Apt. #, etc. 27 Suite #2205 City & State 28 Altamonte Springs, FL Zip 29 32714	Country 25 Seminole Country 30 Seminole
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9. Name and Address of Current Registered Agent

SALVAGIO, DENNIS L.  
1212 RIDGEWOOD STREET  
ORLANDO FL 32803

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, if applicable, (2001) Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PAGE, CARLA	1.2 NAME	
STREET ADDRESS	2419 VIA GENOVA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	APOPKA FL	1.4 CITY-STATE-ZIP	
TITLE	STD	2.1 TITLE	
NAME	PAGE, WAYNE	2.2 NAME	
STREET ADDRESS	2419 VIA GENOVA	2.3 STREET ADDRESS	
CITY-STATE-ZIP	APOPKA FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Carla M. Page* President  
Carla M. Page, CPC President

April 15, 1996 407-774-5627

Date: Daytime Phone:

CR2E034 (12/95)