

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 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 # 694308 (8)
1. Corporation Name
CAREER OPPORTUNITIES PLUS, INC.

Principal Place of Business
877 N.W. 61ST STREET
FT. LAUDERDALE FL 33309

Mailing Address
877 N.W. 61ST STREET
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1981

4. FEI Number
59-2117506

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAYMOND E SLAPIKAS
877 N.W. 61ST STREET
FT. LAUDERDALE FL 33309

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	ST	NAME	MYERS, KIMBERLY	STREET ADDRESS	3506 WILDFLOWER DRIVE	CITY-ST-ZIP	CORAL SPRINGS FL	<input type="checkbox"/> DELETE
TITLE	P	NAME	SLAPIKAS, RAYMOND E	STREET ADDRESS	877 N.W. 61ST STREET	CITY-ST-ZIP	FT. LAUDERDALE FL 33309	<input type="checkbox"/> DELETE
TITLE	VP	NAME	MYERS, KIMBERLY	STREET ADDRESS	3506 WILDFLOWER DR.	CITY-ST-ZIP	CORAL SPRINGS FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	51 Kimberly Myers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	877 NW 61st Street	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Ft. Laud, FL 33309	
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	JP Kimberly Myers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	877 N.W. 61st Street	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
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 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:

Kimberly Myers

1/27/98

CF2E034 (10/97)