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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 719311

1. Corporation Name
Florida State Chapter of International Association of Personnel in Employment Security

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
08/06/1970

4. FEI Number
59-1022380

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 *1729 Jackson Hgts Dr.*

22 City & State 27 *Sebring*

23 Zip Country 28 *FL* 29 *33897* 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners' association? Yes No

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

B1 Name *Dianna Beasley*

B2 Street Address (P.O. Box Number is Not Acceptable)
1729 Jackson Hgts Dr.

B3

B4 City *Sebring* FL B5 Zip Code *33897*

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Dianna Beasley* DATE *7/15/98*

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>Johnson, Mary</i>	
STREET ADDRESS	<i>107 E Madison St, Room 207,</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32399</i>	
TITLE	<i>POD</i>	<input type="checkbox"/> DELETE
NAME	<i>Droppa, Diane</i>	
STREET ADDRESS	<i>800 S Florida Ave, Ste 510,</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33801-6268</i>	
TITLE	<i>VPD</i>	<input type="checkbox"/> DELETE
NAME	<i>Brown, William</i>	
STREET ADDRESS	<i>17430 SW 97th Ave,</i>	
CITY-ST-ZIP	<i>Miami, FL 33157-5478</i>	
TITLE	<i>TD</i>	<input type="checkbox"/> DELETE
NAME	<i>Beasley, Dianna</i>	
STREET ADDRESS	<i>650 Highway 60 West</i>	
CITY-ST-ZIP	<i>Lake Wales, FL 33853-4455</i>	
TITLE	<i>S</i>	<input type="checkbox"/> DELETE
NAME	<i>Phillips, Jackie</i>	
STREET ADDRESS	<i>1264 Timberlane Rd</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32312-1710</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Brown, William</i>	
1.3 STREET ADDRESS	<i>17430 SW 97 Ave,</i>	
1.4 CITY-ST-ZIP	<i>Perrine, FL 33157-5478</i>	
2.1 TITLE	<i>POD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Jackson, Walter</i>	
2.3 STREET ADDRESS	<i>232 Commerce Park Dr NE #3</i>	
2.4 CITY-ST-ZIP	<i>Palm Bay, FL 32905</i>	
3.1 TITLE	<i>VPD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Losiewicz, Joan</i>	
3.3 STREET ADDRESS	<i>1220 Executive Center Dr</i>	
3.4 CITY-ST-ZIP	<i>Tallahassee, FL 32399-0667</i>	
4.1 TITLE	<i>TD</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Beasley, Dianna</i>	
4.3 STREET ADDRESS	<i>648 Highway 60 W,</i>	
4.4 CITY-ST-ZIP	<i>Lake Wales, FL 33853-4467</i>	
5.1 TITLE	<i>S</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Messier, Barbara</i>	
5.3 STREET ADDRESS	<i>17430 SW 97 Avenue</i>	
5.4 CITY-ST-ZIP	<i>Perrine, FL 33157-5478</i>	
6.1 TITLE	<i>000002597480</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<i>-07/24/98--01020--024</i>	
6.4 CITY-ST-ZIP	<i>***70.00</i>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dianna Beasley* *Dianna Beasley* DATE *7/15/98* DAYTIME PHONE # *944-678-4455*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)