


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719311

1. Corporation Name

FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATION OF PERSONNEL IN EMPLOYMENT SECURITY

Principal Place of Business
 114 ATKINS BUILDING
 TALLAHASSEE FL 32399-7660

Mailing Address
 1729 JACKSON HATS DR
 SEBRING FL 33870



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/06/1970
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1022380
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEASLEY, DIANNE 1729 JACKSON HATS DR SEBRING FL 33870		81 Name	Same
		82 Street Address (P.O. Box Number is Not Acceptable)	1729 Jackson Hats Dr
		83	
		84 City	Sebring
		85 State	FL
		86 Zip Code	33870

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 Dianne Beasley (NOTE: Registered Agent signature required when reinstating) DATE 7/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, WILLIAM	1.2 NAME	Losiewicz, Joan
STREET ADDRESS	17430 S W 97 AVE	1.3 STREET ADDRESS	2061 TAYLOR RD
CITY-ST-ZIP	PERRINE FL 33157-5478	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	PED <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, WALTER	2.2 NAME	Morrison, Bob
STREET ADDRESS	2320 COMMERCE PARK DR NE #3	2.3 STREET ADDRESS	Information Management Co
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	2077 Executive Ave Dr, 100th Howard Blvd Tallahassee, FL 32309
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSIEWICZ, JOAN	3.2 NAME	Adams, Kitt
STREET ADDRESS	1320 EXECUTIVE CENTER DR	3.3 STREET ADDRESS	West Palm Beach, FL 33401
CITY-ST-ZIP	TALLAHASSEE FL 32399-0667	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, DIANNE	4.2 NAME	
STREET ADDRESS	640 HIGHWAY 60 W	4.3 STREET ADDRESS	1729 Jackson Hats Dr, Sebring, FL 33870
CITY-ST-ZIP	LAKE WALES FL 33853-4467	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSER, BARBARA	5.2 NAME	Doverally, Pam
STREET ADDRESS	17430 SW 97 AVE	5.3 STREET ADDRESS	202 S E 4th St Port St Lucie, FL 34984
CITY-ST-ZIP	PERRINE FL 33157-5478	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dianne Beasley SIGNATURE REQUIRED DATE: 7/9/99 DAYTIME PHONE # 941-773-3151
941-471-2900

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CR2E037 (5/99)