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May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 757006 (2)  
1. Corporation Name  
THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.



Principal Place of Business: 200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339  
Mailing Address: 200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339

3. Date Incorporated or Qualified: 02/17/1981  
4. FEI Number: 65-0231220  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: ZELEK, MARK E. 200 S. BISCAYNE BLVD. 5300 S.E. FINANCIAL CENTER MIAMI FL 33131-2339

10. Name and Address of New Registered Agent (81-85) including Name, Street Address, City, and Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WYSONG, LIZ	
STREET ADDRESS	18400 NW 32 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARGUILES, LYNN	
STREET ADDRESS	ONE SE 3RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAPALDO, LYNN	
STREET ADDRESS	3750 NW 87TH AVE., SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORRIS, RONALD	
STREET ADDRESS	12805 NW 42 AVENUE	
CITY-ST-ZIP	OPS-LOCKA FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	FLYNN, CAROL	
STREET ADDRESS	1118 NW 159 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STINSON, SUSAN	
STREET ADDRESS	1010 WREN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUVEYCOTT, MILLIE
1.3 STREET ADDRESS	17777 OLD CUTLER RD
1.4 CITY-ST-ZIP	MIAMI FL 33157
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLEN, DIANA
2.3 STREET ADDRESS	4400 NW 87 AVE
2.4 CITY-ST-ZIP	MIAMI FL 33178
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PE D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NORRIS, RONALD
4.3 STREET ADDRESS	4001 SW 47 AVE
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33314
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PE D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KRAUS, MICHAEL
6.3 STREET ADDRESS	19551 WHISPERING PINES RD
6.4 CITY-ST-ZIP	MIAMI FL 33157

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: *Michael S. Kraus* 3/9/98 305-869-1900

CR2E037 (10/97)