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May 10, 1999 8:00 am  
Secretary of State

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0029450

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 757006

1. Corporation Name

THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MAN  
AGEMENT, INC.

\* 5 3 0 8 7 4 - 9 0 1 0 1 - 4 2 \*  
530874 - 90101 - 42

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/17/1981

4. FEI Number

65-0231220

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

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 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 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

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 D  DELETE

NAME HONEYCUTT, MILLE  
STREET ADDRESS 17777 OLD CUTLER RD  
CITY-ST-ZIP MIAMI FL 33157

TITLE D  DELETE

NAME ALLEN, DIANA  
STREET ADDRESS 4400 NW 87TH AVE  
CITY-ST-ZIP MIAMI FL 33178

TITLE D  DELETE

NAME CAPALDO, LYNN  
STREET ADDRESS 3750 NW 87TH AVE., SUITE 300  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE

NAME NORRIS, RONALD  
STREET ADDRESS 4001 SW 47TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE D  DELETE

NAME FLYNN, CAROL  
STREET ADDRESS 1118 NW 159 DRIVE  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE

NAME KRAUS, MICHAEL  
STREET ADDRESS 19551 WHISPERING PINES RD  
CITY-ST-ZIP MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME HONEYCUTT, MILLIE  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME MONTENEGRO, DIANA  
2.3 STREET ADDRESS 3250 MARY STREET  
2.4 CITY-ST-ZIP MIAMI FL 33133

3.1 TITLE P  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE T  Change  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 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:

*Michael Kraus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-869-1900 x 353

Daytime Phone #

CR2E037 (1/98)