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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name F97000002622

CAREER MANAGEMENT INTERNATIONAL, INC.

3555 TIMMONS SUITE 700 HOUSTON TX 77027 2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/19/1997 4. FEI Number 74-1885263 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	28 Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curren		'1		10. Name and Address of New Registere	d Agent		ĺ
1217	CHELL, DAVID 19 S. APOPKA VINELAND ROAD		81	Name Street Addr	ess (P.O. Box Number is Not Acceptable)			
1	E 507		83					1
	ANDO FL 32836		84	City	F			
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agents.	of Florida. Such change was auth- tions of, Section 607.0505, Florida	onzed by to Statutes.	ne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its	registered gistered	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12	8
TITLE	Ρ	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	Ξ
NAME	SILVANO, SUSAN R		1.2 NAME					*
STREET ADDRESS	2 SPRING HOLLOW		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST	-ZIP			_	CR2E034 (11/98)
TITLE	EVP	☐ DELETE	2.1 TITLE			☐ Change	Addition	ᄀ
NAME	SILVANO, RICHARD		2.2 NAME	-				ĺ
_STREET ADDRESS	2 SPRING HOLLOW	ِ	2.3 STREET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX	** <u>.</u> *	2. 4 CITY-ST	-				, · ·
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	ĺ
NAME			3.2 NAME				;	
STREET ADDRESS			3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY+\$1	-ZIP				
TITLE		☐ DELETE	4,1 TITLE			Change	Addition Addition	
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	1
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY- ST	- ZIP		r		1
TITLE 5.		☐ DELETE	6.1 TITLE			Change	Addition	l
NAME						C 4	_	ı

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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, with all other like empowered.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90006 039 ***158.75