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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G18678

(4)

RIGHT HUMAN RESOURCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2101 W. COMMERCIAL, SUITE 2000 FT. LAUDERDALE FL 33309 2101 W. COMMERCIAL, SUITE 2000 FT. LAUDERDALE FL 33309

FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1983

2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-2253065	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		- 0	S8.75 Additional	
22				5. Certificate of Status Desired	Fee Required
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28				Trust Fund Contribution	Added to Fees
Zip Country	Country Zip Cou		у	8. This corporation owes or has paid	the current year Intangible
24 25 29 30)	Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MICHAEL E. GREENE		81	Name		
NEIMARK, GREENE ND NADEL PA		82 Street Address (P.O. Box Number is Not Acceptable)			
800 CORPORATE DR. SUITE 602 9900 W. Sample Rd FT. LAUDERDALE FL 33334 Swite 324 Coral Jprings, FL 33065					
FT. LAUDERDALE FL 33334 Swite 324		83			
Coral Springs, FL		-	84 City 85 Zip Code		
33065			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-pamed 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 tamiliar with, and accept the obligations of, Segion 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DaTE					
12. CFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME SHEA, THOMAS H.		1.2 NAME			
STREET ADDRESS 2101 W. COMMERCIAL BLVD.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL.	E FL 1,40		ST-ZIP		1
TITLE STD	DELETE	2.1 TITLE	1		Change Addition
NAME SHEA, MAUREEN		2.2 NAME			
STREET ADDRESS 2101 W. COMMERCIAL BLVD.			T ADDRESS		1
CITY-ST-ZIP FT. LAUDERDALE FL	FT. LAUDERDALE FL 2.40		ST-ZIP		•
TITLE	DELETE 3.1 TI				Change Addition
NAME	3.2 N				
STREET ADDRESS		3.3 STREE	ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	CELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET	ADDRESS		
CITY-ST-ZIP		4.4 CTY - S			
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			}
STREET ADDRESS		5.3 STREE	ADDRESS		1
CITY-ST-ZIP		5.4 CITY-S			
TITLE	☐ DELETE	6.1 TITLE			Change Addition
NAME			- 1		
		6.2 NAME	i		1
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP	į	6.2 NAME 6.3 STREET 6.4 CITY-S			

includated on which any local report of supplied entire 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.

SIGNATURE:

WREEL A. SHEA

1-2298 (954)486-1823