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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H11753 (1)  ROMAC INTERNATIONAL OF PENNSYLVANIA, INC.				SECRETARY OF STATE ALLAHASSEE, FLORIDA	
incipal Plac	e of Business	Mailing Address 120 W HYDE PRK PL. 8	OTF 2		
O W HYDE PRK PL. STE AC AMPA FL 33606 S		TAMPA FL 33606-2340 US			
				Date Incorporated or Qual     07/10/1984	lified <b>3a.</b> Date of Last Report <b>06/03/1996</b>
Principa! P	Place of Business	2a. Mailing Address		4. FEI Number 59-2415743	Applied Fo
Suite, Apt. #/Sc	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	9d S8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financ	ing <b>\$5.00</b> May Be
Zip	Country	Zip	Country	· ·	ity for intangible tax under s. 199.032
	25 9. Name and Address of Curren	29 t Registered Agent	30	Florida Statutes  10. Name and Address of No.	Yes No
DUI	NKEL, DAVID L.		81 Name		
120 Tal	W HYDE PRK PL, STE 290 MPA FL 33606		82 Street A	Address (P.O. Box Number is Not Acc	ceptable)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83 SOP	¥150	
			84 City		FL 85 Zip Code
			104		
. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Stal		corporation submits this statement fo	
. Pursuant office or r agent. La	to the provisions of Sections 607,050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607 1508, Florida Stat of Florida. Such change wa ations of, Section 607 0505,		corporation submits this statement fo oration's board of directors. I hereby	
Pursuant office or r agent. La GNATURE			utes, the above-named is authorized by the corp Florida Statutes.		r the purpose of changing its register accept the appointment as registere
GNATURE	Signarian, typed or printed name of registered age	nt and title if applicable. (N		required when reinstating)	r the purpose of changing its register accept the appointment as registered DATE  OFFICERS AND DIRECTORS IN 12
	Signature typed or printed name of registered age OFFICERS AND	nt and title if applicable. (N	utes, the above-named is authorized by the corp Florida Statutes.	required when reinstating)	r the purpose of changing its register accept the appointment as registere DATE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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