

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H11753 (1)
1. Corporation Name
ROMAC INTERNATIONAL OF PENNSYLVANIA, INC.



Principal Place of Business Mailing Address
120 W HYDE PRK PL, STE 150 120 W HYDE PRK PL, STE 150
TAMPA FL 33606 TAMPA FL 33606
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1984	
4. FEI Number 59-2415743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DUNKEL, DAVID L. 120 W HYDE PRK PL, STE 150 TAMPA FL 33606	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Applicable)	200002583932
83	07/09/98 01010 048
84 City	***550.00
85 Zip Code	FL

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	CP	<input type="checkbox"/> DELETE	
NAME	DUNKEL, DAVID L.		
STREET ADDRESS	120 W HYDE PL STE 150		
CITY-ST-ZIP	TAMPA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	COCCHIARO, RICHARD M.		
STREET ADDRESS	20 N WACKER DR STE 1380		
CITY-ST-ZIP	CHICAGO IL 60606		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	SUTTER, HOWARD W.		
STREET ADDRESS	500 WEST CYPRESS CREEK ROAD, STE 200		
CITY-ST-ZIP	FT LAUDERDALE FL 33309		
TITLE	DTV	<input type="checkbox"/> DELETE	
NAME	DOMINICI, PETER		
STREET ADDRESS	120 W HYDE PRK PL, STE 150		
CITY-ST-ZIP	TAMPA FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	SWARTZ, JAMES D		
STREET ADDRESS	120 W. HYDE PARK PLACE, #150		
CITY-ST-ZIP	TAMPA FL 33606		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	CALCATERRA, THOMAS		
STREET ADDRESS	120 W. HYDE PARK PLACE, #150		
CITY-ST-ZIP	TAMPA FL 33606		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	DUNKEL, DAVID L.		
1.3 STREET ADDRESS	120 W HYDE PARK PLACE, SUITE 150		
1.4 CITY-ST-ZIP	TAMPA, FL 33606		
2.1 TITLE	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	COCCHIARO, RICHARD		
2.3 STREET ADDRESS	1519 EDGEWOOD AVE		
2.4 CITY-ST-ZIP	WINNETKA, IL 60098		
3.1 TITLE	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	SUTTER, HOWARD W.		
3.3 STREET ADDRESS	12566 CLASSIC DRIVE		
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
4.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	SWARTZ, JAMES D.		
4.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
4.4 CITY-ST-ZIP	TAMPA, FL 33606		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	GOROON TUNSTALL		
5.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
5.4 CITY-ST-ZIP	TAMPA, FL 33606		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	WILLIAM R. CNEY, JR.		
6.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
6.4 CITY-ST-ZIP	TAMPA, FL 33606		

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.

SIGNATURE:

7/6/98 (813) 288-8855

CR2E034 (5/98)