

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H88506

(1)

1. Corporation Name

HUMAN FACETS, INC.

Principal Place of Business

960 NW 79TH TERRACE  
PLANTATION FL 33324

Mailing Address

960 NW 79TH TERRACE  
PLANTATION FL 33324

FILED

97 JUL 31 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2615362	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 12320 SW 1st St.

Suite, Apt. #, etc.

22

City & State

23 Plantation FL

Zip

24 33325

Country

25 USA

2a. Mailing Address

26 12320 SW 1st St.

Suite, Apt. #, etc.

27

City & State

28 Plantation, FL

Zip

29 33325

Country

30 USA

9. Name and Address of Current Registered Agent

TURNBULL, HELEN  
12320 SW 1ST STREET  
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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	P	<input type="checkbox"/> DELETE
NAME	TURNBULL, HELEN	
STREET ADDRESS	960 NW 79TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helen Turnbull	
1.3 STREET ADDRESS	12320 SW 1st Street	
1.4 CITY-ST-ZIP	Plantation, FL 33325	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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

Helen Turnbull

7/24/97 (954) 3706343

CP2E034 (4/97)



(2)

## HUMAN FACETS

- *Organizational Consultants*
- *Workforce Diversity Facilitation*
- *Change Management Specialists*

July 24th 1997

Division of Corporations  
Attention: Annual Reports  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

Further to my telephone conversation with your office today I would confirm that I did not receive the first notice on the Corporation renewal.

It seems that this was mailed to my old address. The second notice was mailed to my new address and as discussed with your office I am now enclosing a check in the amount of \$165.00.

Please note that the only address relevant for Human Facets is

Human Facets  
12320 S.W. 1st Street,  
Plantation, Florida 33325  
(954) 370 6343

Thank you for your assistance in this matter.

Sincerely,

Helen Turnbull  
President