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FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J40659

(1)

1. Corporation Name

TALENT UNLIMITED, INC.



Principal Place of Business

% P. BARRY CUSHING  
5201 W KENNEDY BLVD STE 506  
TAMPA FL 33609  
US

Mailing Address

% P. BARRY CUSHING  
5201 W KENNEDY BLVD STE 506  
TAMPA FL 33609  
US

3. Date Incorporated or Qualified  
10/30/1986

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number  
59-2697575

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUSHING, P. BARRY  
5201 W KENNEDY BV  
STE 409  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 STE 506

84 City

FL 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

4/24/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	CUSHING, P. BARRY	5201 W KENNEDY BLVD STE 506	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td>	2.4 CITY - ST - ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td>	3.4 CITY - ST - ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td>	4.4 CITY - ST - ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td>	5.4 CITY - ST - ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP<td>Change</td><td>Addition</td></td>	6.4 CITY - ST - ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/24/97 (13) 289-6516

CR2E034 (9/96)