

PAY NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montague
Secretary of State
1900 Bank of America Plaza, 10th Floor
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **K48281**

(5)

55 MAY -1 AM 9:15

MANAGEMENT RECRUITERS, INC. TAMPA-PALMA CEIA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 3111 W. DELEON ST TAMPA FL 33609		2a. Mailing Address 3111 W. DELEON ST TAMPA FL 33609		3. Date incorporated or qualified 11/16/1988	3a. Date of Last Report 03/24/1994
2. Principal Office Phone 21	2b. Mailing Phone 26	4. F.F. Number 59-2922558		Applied For ☐ Not Applicable	
22. State of Inc. or Qual. 22	27. State of Inc. or Qual. 27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State 23	28. City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Zip 24	25. Zip 25	29. Zip 29	30. Country 30	8. This corporation has liability for intangible tax under § 190.01C, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**COCHRAN, ROBERT G.
215 E MADISON ST
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01(2) and 607.1704, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of principal office to that in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2) and 607.1704, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	PVD KOLETIC, RUDOLPH E. 11930 LAKEMIST CIRCLE TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	VP KOLETIC, CAROL A 11930 LAKE MIST CR. TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	S KOLETIC, LYNN 11930 LAKE MIST CR TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	T KOLETIC, LORI M 11930 LAKE MIST CR TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is in compliance with the provisions of Chapter 12, Florida Statutes. Further, I certify that the information furnished on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the business of this corporation, or am an authorized agent to execute this report as required by Chapter 12, Florida Statutes, and that my name appears in Block 12 of this filing. If I am changed, or am no longer affiliated with an address.

SIGNATURE:

Rudolph E. Koletic
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rudolph E. KOLETIC

5-2-95 813875-7374