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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48281

18281 (5)

MANAGEMENT RECRUITERS, INC. TAMPA-PALMA CEIA

FILED Mar 06 1997 8:00am Secretary of State



| Principal Place of Bus | -908\$ | Mailing Address | | | | BIBIN ENBIN BIBIN BIBIN BIBIN BIBIN (BBI |
|---|--|------------------------------|---------------------------------|--------------------------------|--|--|
| 909 BAY TO BAY BLVI | | 2909 BAY TO BAY BI | LVD | | | |
| 102 | • | 302 | | | | |
| rampa Fl 33629 Us | | TAMPA FL 33629-8176 US | | | 3. Date Incorporated or Qualified 11/16/1988 | 3a. Date of Last Report 04/12/1996 |
| 2. Principal Place of E | Rusiness | 2s. Mailing Address | | | 4. FEI Number | Applied For |
| 1 | | 26 | | 59-2922558 Not Applical | | |
| Suite, Apt. #, etc. | | Suite. Apt. #, etc |). | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | - the state of the | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z ф | Country | Zip | Cou | ntry . | 8. This corporation has liability for | ntangible tax under s. 199.032, |
| 4 | 25 | 29 | 30 | | | Yes No |
| 9. N | ame and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Re | glatered Agent |
| COCHRAN, | ROBERT G. | | | 81 Name | | |
| 215 E MAD | | | | 82 Street A | ddress (P.O. Box Number is Not Acceptate | nle) |
| TAMPA FL 33602 | | | | - SUCOLA | caree in .c. son rainboi is not nobblide | |
| | | | | 83 | | |
| | | | | | | |
| | | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to the pr | rovisions of Sections 607 05 | 02 and 607 1508. Florida 9 | Statutes the a | bove-named c | orporation submits this statement for the r | ourpose of changing its registere |
| | ar with, and accept the obliq | gations of, Section 607.050 | os admonze os, Florida Sta | utes. | orporation submits this statement for the poration's board of directors. I hereby accept | or the appointment as registered |
| SIGNATURE Signor ne | typich as printed name or registers diag | gest and title if applicable | (NOTE: Registere | d Agent signature n | equired when reinstaling) | DATE |
| 12. | OFFICERS AF | NO DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | |
| TILLE PVD | | DELET | E 1.17 | TLE | | ☐ Change ☐ Additi |
| NAVE KOLE | TIC, RUDOLPH E. | | 1.2 N | AME: | | |
| STREET ADDIESS. 11930 | LAKEMIST CIRCLE | | 138 | TREET ADDRESS | | |
| CITY ST-ZIF TAMP | 'A FL | _ | 1.4 0 | TY-ST-ZIP | | |
| 11TLF VP | | DELET | | | | Change Additi |
| NAME KOLE | TIC, CAROL A | • | 22 N | AME | | |
| | LAKE MIST CR. | | | TREET ADDRESS | | |
| CHY-ST-Zif TAMP | | | | CITY - ST - ZIP | | |
| Tillf S | - 1 - 4 | DELET | | | | Change Additi |
| | TIC, LYNN | | 3.2 N | | | - р- |
| | LAKE MIST CR | | | TREET ADDRESS | | |
| 74440 | | | 1 | 1 | | |
| TITLE T | | DELET | | CITY-ST-ZIP | | Change Additi |
| , - | TIC, LORI M | L vetti | | IAMÉ . | | Change Hoom |
| | LAKE MIST CR | | • | į. | | |
| 74440 | | | | TREET ADDRESS | | |
| | N FL | DELET | | ITY-ST-ZIP | | Change Addit |
| TITLE | | L) ORKI | | | | Li Grange Lii Adult |
| NAM: | | | 5.2 N | AME | | |
| STREET ADDRESS | | | | | | |
| 1 | | | 5.3 \$ | TREET ADORESS | | |
| *************************************** | | | 5.4 0 | ITY-ST-ZIP | | |
| City - \$1 - 74° Title | | DELET | 5.4 0 | ITY-ST-ZIP | | Change Addit |
| *************************************** | | DELE I | 5.4 0 | ITY-ST-ZIP TLE | | Change Addit |
| TITLE | | DELE I | 5.4 C E 6.1 T 62 N | ITY-ST-ZIP TLE | | ☐ Change ☐ Addit |
| TITLE | | DELE 1 | 54 C E 6.1 T 62 N 63 S | ITY-ST-ZIP TLE AME | | ☐ Change ☐ Addit |

The necessity certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. 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 oalb; 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:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2.27.97 8/3.831-7611