

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

APPROVED
AND
FILED

97 APR 30 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K59934 (5)

1. Corporation Name
ROMAC INTERNATIONAL OF KENTUCKY, INC.

Principal Place of Business

% DAVID L. DUNKEL
120 W. HYDE PARK PLACE.
TAMPA FL 33606
US

Mailing Address

% DAVID L. DUNKEL
120 W. HYDE PARK PLACE.
TAMPA FL 33606-2340
US

3. Date Incorporated or Qualified
01/20/1989

3a. Date of Last Report
06/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
#150

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
#150

27 City & State

28 Zip Country

4. FEI Number

59-1823477

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

DUNKEL, DAVID L.
120 W. HYDE PARK PLACE
SUITE #150
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE # 150

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

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME DUNKEL, DAVID L.
STREET ADDRESS 120 W. HYDE PARK PLACE, #150
CITY-ST-ZIP TAMPA FL

TITLE DV ☐ DELETE

NAME SUTTER, HOWARD
STREET ADDRESS 500 W. CYPRESS CREEL RD. STE 200
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE DV ☐ DELETE

NAME COCCHIARO, RICHARD
STREET ADDRESS 20 N WACKER DR #205
CITY-ST-ZIP CHICAGO IL

TITLE ST ☐ DELETE

NAME DOMINICI, PETER
STREET ADDRESS 120 W. HYDE PARK PLACE, #150
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SUITE #150
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 400002160524--7
2.4 CITY-ST-ZIP -04/30/97--01063--019

3.1 TITLE D ***1485.00 ***165.00

3.2 NAME
3.3 STREET ADDRESS SUITE #1360
3.4 CITY-ST-ZIP

4.1 TITLE DV ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS SUITE #150
4.4 CITY-ST-ZIP

5.1 TITLE DV ☒ Change ☐ Addition

5.2 NAME SWARTZ, JAMES D.
5.3 STREET ADDRESS 120 W. HYDE PARK PLACE, #150
5.4 CITY-ST-ZIP TAMPA, FL 33606

6.1 TITLE S ☐ Change ☒ Addition

6.2 NAME CALABRERA, THOMAS
6.3 STREET ADDRESS 120 W. HYDE PARK PLACE, #150
6.4 CITY-ST-ZIP TAMPA FL 33606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Dominici (DVT) 4/28/97

Date

Daytime Phone #

013-251-1200

CP2E034 (9/96)