

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 09 1998 8:00am  
Secretary of State

DOCUMENT # **K59934** (5)

1. Corporation Name  
**ROMAC INTERNATIONAL OF KENTUCKY, INC.**

Principal Place of Business  
**% DAVID L. DUNKEL**  
**120 W. HYDE PARK PLACE, #150**  
**TAMPA FL 33606**  
**US**

Mailing Address  
**% DAVID L. DUNKEL**  
**120 W. HYDE PARK PLACE, #150**  
**TAMPA FL 33606**  
**US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/20/1989**

4. FEI Number

**59-1823477**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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)

**600002583926**

83 **-07/09/98--01018--042**

84 City **\*\*\*550.00**

**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 **D** ☐ DELETE

NAME **COCCHIARO, RICHARD**  
STREET ADDRESS **20 N WACKER DR, SUITE 1380**  
CITY-ST-ZIP **CHICAGO IL**

TITLE **DVT** ☐ DELETE

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

TITLE **DV** ☐ DELETE

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

TITLE **S** ☐ DELETE

NAME **CALCATERRA, THOMAS**  
STREET ADDRESS **120 W. HYDE PARK PLACE, #150**  
CITY-ST-ZIP **TAMPA FL 33606**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **DUNKEL, DAVID L.**  
STREET ADDRESS **120 W. HYDE PARK PLACE, SUITE 150**  
CITY-ST-ZIP **TAMPA, FL 33606**

2.1 TITLE ☒ Change ☐ Addition

NAME **SUTTER, HOWARD**  
STREET ADDRESS **12506 CLASSIC DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33606**

3.1 TITLE ☒ Change ☐ Addition

NAME **COCCHIARO, RICHARD**  
STREET ADDRESS **1519 EDGEWOOD LANE**  
CITY-ST-ZIP **WINNETKA, IL 60093**

4.1 TITLE ☐ Change ☒ Addition

NAME **D**  
STREET ADDRESS **GOLDEN TONSTALL**  
CITY-ST-ZIP **120 W. HYDE PARK PLACE, SUITE 150**  
**TAMPA, FL 33606**

5.1 TITLE ☒ Change ☐ Addition

NAME **D,P**  
STREET ADDRESS **SWARTZ, JAMES D.**  
CITY-ST-ZIP **120 W. HYDE PARK PLACE, SUITE 150**  
**TAMPA, FL 33606**

6.1 TITLE ☒ Change ☐ Addition

NAME **S**  
STREET ADDRESS **TOM CALCATERRA**  
CITY-ST-ZIP **120 W. HYDE PARK PLACE, SUITE 150**  
**TAMPA, FL 33606**

14. I 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

7/1/98 (83) 158-8855

CR2E034 (5/98)