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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K91256**

Corporation N	ENT # K91256 MENT RECRUITERS OF T		•						
rincipal Place o	of Business	Mailing Address				110010111			
		4012 GUNN HWY							
012 GUNN HWY SUITE 140 SAME EL 2002						DO NOT WRITE IN THIS SPACE			
AMPA FL 33624		TAMPA FL 33624				3. Date Incorporated or Qualifed			Į
						05/25/1989	<del></del>	Applie	ed For
. Principal Place of Business		2a. Mailing Address				4, FEI Number			pplicable
]		26				59-2943673		\$8.75 Add	ditional
Suite, Apt. #	, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired		Fee Requ	iired
] _		27				6. Election Campaign Financing		\$5.00 M	
City & State	<del></del>	City & State				Trust Fund Contribution		Added to	Fees
				Country		8. This corporation owes the cur	ent year Intai	ngible_	]No
Zip	Country	29	30			Personal Property Tax.		<u> </u>	1140
<u> </u>	9. Name and Address of Cur					10. Name and Address of New	Registered A	gent	
	9. Name and Address s.			81	Name				
KING			82	Street Addr	ress (P.O. Box Number is Not Accep	able)			
4012	GUNN HWY SUITE 140								
TAMP					·		85 Zip Code		
				84	City		FL	85 Zip Co	00e
agent. I ar	m familiar with, and accept the ob	digations of, Section 607.0	505, Florida	Statutes	<b>5.</b>	poration submits this statement for the ion's board of directors. I hereby accord when reinstating)	DATE		
agent. I ar	m familiar with, and accept the ob	ligations of, Section 607.0: i agent and title if applicable. is AND DIRECTORS	505, Florida (NOTE: Regi	istered Age	ant signature require		DATE		RS IN 12
agent. I ar	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0	505, Florida (NOTE: Regi	istered Age 13.	ont signature require		DATE	D DIRECTOR	
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agent. I ar SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered OFFICERS  D  KING, GARY A.  4012 GUNN HWY #140	ligations of, Section 607.0: i agent and title if applicable. is AND DIRECTORS	505, Florida (NOTE: Regi	13. 1.1 TITLE 1.2 NAME	ent signature require		DATE	D DIRECTOR	RS IN 12 .
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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 of 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 of 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, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR