


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

APPROVED AND FILED

97 APR 30 PM 4:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01827 (9)

1. Corporation Name
ROMAC INTERNATIONAL OF TEXAS, INC.



Principal Place of Business C/O DAVID L. DUNKEL 120 W. HYDE PARK PLACE, SUITE 210 TAMPA FL 33606 US	Mailing Address C/O DAVID L. DUNKEL 120 W. HYDE PARK PLACE, SUITE 210 TAMPA FL 33606-2340 US
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3. Date Incorporated or Qualified 07/13/1989	3a. Date of Last Report 06/03/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc. SUITE #150	27 Suite, Apt. #, etc. SUITE #150
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-2938861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DUNKEL, DAVID L.
 120 W HYDE PARK PLACE
 SUITE 210
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	DUNKEL, DAVID L.	
STREET ADDRESS	120 W. HYDE PARK PLACE, #210	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SUTTER, HOWARD W.	
STREET ADDRESS	500 W. CYPRESS CREEK ROAD, STE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COCCHIARO, RICHARD M.	
STREET ADDRESS	20 N WACKER DR. STE 1360	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DOMINICI, PETER	
STREET ADDRESS	120 W HYDE PARK PL. #210	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SUITE #150
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800002160518
2.3 STREET ADDRESS	-04/30/97--01063--019
2.4 CITY-ST-ZIP	***1485.00 ****165.00
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DTV
4.3 STREET ADDRESS	SUITE #150
4.4 CITY-ST-ZIP	4/30/97
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SWARTZ, JAMES D.
5.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE #150
5.4 CITY-ST-ZIP	TAMPA, FL 33606
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	CALCATERRA, THOMAS
6.4 CITY-ST-ZIP	120 W. HYDE PARK PLACE, SUITE #150 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 23 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

Peter Dominici (OTV) 4/29/97 018-251-1710

CR2E034 (9/96)