

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).

FILED

Jul 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L01827 (9)
 1. Corporation Name ROMAC INTERNATIONAL OF TEXAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O DAVID L. DUNKEL, 120 W. HYDE PARK PLACE, SUITE 150, TAMPA FL 33606, US
 Mailing Address: C/O DAVID L. DUNKEL, 120 W. HYDE PARK PLACE, SUITE 150, TAMPA FL 33606, US

3. Date Incorporated or Qualified: 07/13/1989
 4. FEI Number: 59-2938861
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address (100002383931), City (TAMPA, FL), and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CP NAME: DUNKEL, DAVID L. STREET ADDRESS: 120 W. HYDE PARK PLACE, #150 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE: C 1.2 NAME: DUNKEL, DAVID L. 1.3 STREET ADDRESS: 120 W. HYDE PARK PLACE, SUITE 150 1.4 CITY-ST-ZIP: TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: SUTTER, HOWARD W. STREET ADDRESS: 500 W. CYPRESS CREEK ROAD, STE 200 CITY-ST-ZIP: FT. LAUDERDALE FL 33309	<input type="checkbox"/> DELETE	2.1 TITLE: D, V 2.2 NAME: SUTTER, HOWARD W. 2.3 STREET ADDRESS: 12566 CLASSIC DRIVE 2.4 CITY-ST-ZIP: CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COCCHIARO, RICHARD M. STREET ADDRESS: 20 N WACKER DR. STE 1380 CITY-ST-ZIP: CHICAGO IL 60606	<input type="checkbox"/> DELETE	3.1 TITLE: D, V 3.2 NAME: COCCHIARO, RICHARD M. 3.3 STREET ADDRESS: 1519 EDGEWOOD LANE 3.4 CITY-ST-ZIP: WINNETKA, IL 60098	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DTV NAME: DOMNICI, PETER STREET ADDRESS: 120 W HYDE PARK PL. #150 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE: D, P 4.2 NAME: SUMITE, JAMES O. 4.3 STREET ADDRESS: 120 W, HYDE PARK PLACE, SUITE 150 4.4 CITY-ST-ZIP: TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: SWARTZ, JAMES D STREET ADDRESS: 120 W. HYDE PARK, SUITE #150 CITY-ST-ZIP: TAMPA FL 33606	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: GORDON TUNSTALL 5.3 STREET ADDRESS: 120 W. HYDE PARK PLACE, SUITE 150 5.4 CITY-ST-ZIP: TAMPA, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: CALCATERRA, THOMAS STREET ADDRESS: 120 W. HYDE PARK PLACE, SUITE #150 CITY-ST-ZIP: TAMP FL 33666	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: WILLIAM R. CAROLY, JR. 6.3 STREET ADDRESS: 120 W. HYDE PARK PLACE, SUITE 150 6.4 CITY-ST-ZIP: TAMPA, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ 7/6/98 (813) 258-8855

CR2E034 (5/98)