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

FILED PROFIT Jan 21 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)STONICK RECRUITMENT, INC. Principal Place of Business Mailing Address 10160 GROVE LANE 10160 GROVE LANE COOPER CITY FL 33328 COOPER CITY FL 33328 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 12/20/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0170484 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name STONICK, CHRIS 10160 GROVE LANE Street Address (P.O. Box Number is Not Acceptable) 82 COOPER CITY FL 33328 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE STONICK, CHRIS 1.2 NAME NAME 10160 GROVE LANE STREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE STONICK, CHRIS 2.2 NAME NAME 10160 GROVE LANE 2.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE STONICK, CHRIS NAME 10160 GROVE LANE 3.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL** 3.4. CITY- ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS

64 CITY-ST-ZIP

954-680-6322

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.

CITY-ST-ZIP