PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMEN	NT #	L37	7446
 Corporation Name 			

STONICK RECRUITMENT, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90012 034 ***150.00



		•						
Principal Place of Business Mailing Address								
10160 GROVE LANE COOPER CITY FL 33328 US		10160 GROVE LANE COOPER CITY FL 33328	10160 GROVE LANE COOPER CITY FL 33328 US		DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed			
					12/20/1989		pplied For	
2. Principal Pla	no of Business	2a. Mailing Address			4. FEI Number		ot Applicable	
	CG OL Brasiliess	26			65-0170484	\$8.75		
Suite, Apt. #	. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		equired	
22	·				6. Election Campaign Financing	\$5.00	May Be	
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	Added	to Fees	
23			Coul	ntry	8. This corporation owes the current year	ır Intangible		
Zip	Country		30	•	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curr				10. Name and Address of New Registe	red Agent		
	9. Name and Address of Car.	X		81 Name				
STON	IICK, CHRIS			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
10160	GROVE LANE					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1	
C00I	PER CITY FL 33328			83			2 2 3 3 3 3	
1				84 City		FL 85 Zip	Code	
office or readent. I ar	o the provisions of Section egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section 607.0505, Flor	nga Stat	utes.	oration submits this statement for the purpo on's board of directors. I hereby accept the a			
SIGNATURE	Signature, typed or printed name of registered	agon and		Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICER		ORS IN 12	
12.	OFFICERS	AND DIRECTORS	13.	m s	ADDITIONS/CHANGES TO STATE	☐ Change	Addition	
TITLE	PS	☐ DELETE		IAME				
NAME	STONICK, CHRIS			TREET ADDRESS				
STREET ADDRESS	10160 GROVE LANE			CITY-ST-ZIP			e Addition	
CITY-ST-ZIP •	COOPER CITY FL	☐ DELETE		TITLE		Change	3 Macilion	
TITLE	D CTOMICK CUBIS		2.21	IAME				
NAME	STONICK, CHRIS 10160 GROVE LANE		2.3 \$	STREET ADDRESS				
STREET ADDRESS	COOPER CITY FL		2.4	CITY-ST-ZIP		☐ Change	e Addition	
TITLE	V	☐ DELETE	3.1	TITLE			_	
NAME	STONICK, CHRIS			NAME				
STREET ADDRESS	10160 GROVE LANE			STREET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL	☐ DELETE	_	CITY-ST-ZIP		☐ Chang	ge 🗌 Addition	
TITLE		(Deceie	- 1	NAME			ĺ	
NAME				STREET ADDRESS				
STREET ADDRESS	S	•*		CITY- ST- ZIP			Addition	
CITY-ST-ZIP		☐ DELETE	_	TITLE		Chang	ge Addition	
TITLE			5.2	NAME				
NAME PAREST ADDRESS			5.3	STREET ADDRESS				
STREET ADDRES	s PS			CITY-ST-ZIP			nge Addition	
CITY-ST-ZIP	**************************************	☐ DELETE		TITLE				
NAME			- 1	NAME				
CIPSET ADDRES	s · · ·	•	6.3	STREET ADDRESS				

6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: