FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| 1 | 996 | DIVISION OF C | CORPORA | PATIONS | 3 | | | | | |
|---------------------------|--|-------------------------------|---------------|-----------------------|--------------------|--|-----------------|------------|------------------------|-----------------|
| DOCUN 1, Corporation | MENT # L38307 | (9) | | | | | | | | |
| MANAG | EMENT RECRUITERS OF S | eminole, inc. | | | | | | | | |
| | | | | | | | | | | |
| Drive sixel Diago | of Dunianan | Mailing Address | | | | - | | | | |
| _ | | | | | | | | | | |
| 4020 PARK ST SUITE 203 | HEET | 4020 PARK STREET SUITE 203 | | | | | | | | |
| ST. PETERSBL | JRG FL 33709 | ST. PETERSBURG FL 33 | 709 | | | 3. Date Incorporated or Qualified | 3a. Date of | Last Re | port | ٦. |
| | | | | | | 12/26/1989 | | 1/199 | | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | | 4, FEI Number | | A | opplied For | |
| 21 | | 26 | | | | 59-2977684 | | | ot Applicable | 4 |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | | May Be | |
| Z Ip | Country | Zip Country | | | | Trust Fund Contribution 8. This corporation has liability for i | | | 199.032. | \dashv |
| 2.ip | 25 | 29 | 30 | | | | □ No | | | |
| | g. Name and Address of Current | Registered Agent | ., | | | 10. Name and Address of New Registered Agent | | | | |
| | and the second s | | | 81 1 | lame | | | | | |
| | EBECCA J. | 7 | | | | ss (P.O. Box Number is Not Acceptab | le) | | | |
| | RK STREET, NORTH 402 | o / | | 83 | 4020 | Park Street, | North | | | \dashv |
| SUITE 20 | RSBURG FL 33709 | and the second second | | | | | | | | _ |
| SI. FEIE | HODONG PL 33/09 | | | 84 (| City | | FL | BS Zic | Code | |
| 11. Pursuant to | the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the abo | ove-nan | ned corporal | tion submits this statement for the pur | cose of chang | ing its re | egistered offic | e |
| or registers | ed agent, or both, in the State of Florid h, and accept the obligations of, Section | a. Such change was authorize | d by the | corpora | ition's board | of directors. I hereby accept the appoint | ointment as rec | gistered | agent. I am | |
| SIGNATURE _ | | | | | | | · | | | _ |
| | Signature, typed or printed name of registered agent a | | E: Registered | J Agent sig | gnature required v | when reinstating: ADDITIONS/CHANGES TO OFF | DATE | RECTO | PS IN 12 | (6 |
| 12. | OFFICERS AND | DELETE | 1.11 | TITLE | | ADDITIONS/CHANGES TO OFF | | Change | Addition | CR2E034 (12/95) |
| NAME | HAND, REBECCA J. | - | 1.2 N | IAME | İ | | | | | 7 |
| STREET ADDRESS | 13276 88TH PLACE, NORTH | | 135 | TREET ADI | DRESS | | | | | Į. |
| CITY-ST-ZIP | SEMINOLE FL | | 1.4 C | ITY- \$1 - Z | 'iP | | | | <u></u> | _ β |
| TiTLE | DV\$ | ☐ DELETE | 2. 1 T | | | | | Change | ☐ Addition | 10 |
| NAME | HAND, DONALD S. | | 2.2 N | | | | | | | |
| STREET ADDRESS | 13276 88TH PLACE, NORTH SEMINOLE FL | | 1 | TREET AD | | | | | | |
| CITY-ST-ZIP TITLE | OCMINULE FL | ☐ DELETE | 2.4 C | ITY - ST - Z TITLE | .0* | | | Change | ☐ Addition | \dashv |
| NAME | HAND, DONALD S. | | 3.2 N | | | | | - | — | |
| STREET ADDRESS | 13276 88TH PLACE, NORTH | | | STREET AC | DRESS | 100000 | عمد يصو و ص | | | |
| CITY-ST-ZIP | SEMINOLE FL | | | OTY-\$1-2 | JP 1 | 1000017: | 네티 미 [] | 1_ | | |
| TOLE | | ☐ DELETE | | TITLE ' | • | ***200.00 | u30UZ/ | Change | ☐ Addition | |
| NAME | | | 4.2 N | | | | | | | |
| STREET ADDRESS | | | | STREET AD | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.11 | CITY-ST-Z TITLE | ur | | | Change | Addition | - |
| NAME | | - October | 5.2 N | | | | | , | _ | |
| STREET ADDRESS | · | | 1 | STREET AD | ORESS | | | | | |
| CITY-ST-ZIP | | | | CITY - ST - 2 | | | | | | |
| TITLE | | DELETE | | TITLE | | | | Change | Addition | |
| NAME | | | 6.2 N | MAME | | | | | Just | |
| STREET ADDRESS | | | 6.3 \$ | DA 1339TE | DRESS | | | | 4.2 | |
| CITY-ST-ZIP | | | 6.4 0 | CITY-ST- | ZIP | | 07/2/// Etorid | - Canti | lan I friether | _ |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

4-19-96 813-345-8811
Date Date Dayline Prone 1