

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86499 (5)

1. Corporation Name

HSS RECRUITING, INC.

Principal Place of Business

6245 N. FEDERAL HIGHWAY
5TH FLOOR
FT. LAUDERDALE FL 33308-1915

Mailing Address

6245 N. FEDERAL HIGHWAY
5TH FLOOR
FT. LAUDERDALE FL 33308-1915

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/11/1980

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0205766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

SCOTT KOEGLER

82 Street Address (P.O. Box Number is Not Acceptable)

6245 N FEDERAL Hwy # 400

83

84 City

FT LAUDERDALE

FL

85 Zip Code
33308

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

SCOTT KOEGLER, ASST SECT 4

04-11-95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CASS, RONALD A
6245 N. FEDERAL HWY #500
FT. LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LECHNER, BRIAN M
6245 N FEDERAL HWY #500
FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MARMORSTERN, WARREN A
6245 N FEDERAL HWY # 500
FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
PEARLMAN, CHARLES B
700 SE THIRD AVE #300
FT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
KORGLER, SCOTT
6245 N. FEDERAL HWY.
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP #400

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS DELETE
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP #400

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 200 E LAS OLAS BLVD #1900
4.4 CITY - ST - ZIP FT LAUDERDALE FL 33301

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS #400
5.4 CITY - ST - ZIP 33308

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT KOEGLER, ASST SECT 4

04-11-95 (305) 771-0500

DATE

Telephone #