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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 21 1998 8:00am Secretary of State

1998 DOCUMENT # L87218 (8) S. & E. PROFESSIONAL RECRUITMENT & CONSULTANT CO **RPORATION** Principal Place of Business Mailing Address 11441 GLENMONT DR. 11441 GLENMONT DR. TAMPA FL 33635 **TAMPA FL 33635** DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualified 07/09/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3022693 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 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 ☐ Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ECKSTEIN, STEVEN 11441 GLENMONT DR. 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33635 83 City Zip Code 85 FL 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) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NAME ECKSTEIN, STEVEN 1.2 NAME 11441 GLENMONT DR STREET ADDRESS 1.3 STREET ADDRESS <u> TAMPA FL 33635</u> 1 4 CITY-ST-ZIP CITY . CT Change Addition NAME ECKSTEIN, EILEEN 2.2 NAME STREET ADDRESS 11441 GLENMONT DR 2.3 STREET ADDRESS CITY - ST - ZIP TAMPA FL 33635 2. 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/3/08