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FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L93902

(9)

1. Corporation Name  
MEDICAL CAREER CENTER, INC.

Principal Place of Business

19 W GARDEN ST.  
2ND FLOOR  
PENSACOLA FL 32501  
US

Mailing Address

19 W GARDEN ST.  
PENSACOLA FL 32501  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 19 W. GARDEN ST.

27 2ND FLOOR

28 City & State

PENSACOLA, FL

Zip

32501

Country

USA

3. Date Incorporated or Qualified

08/15/1990

3a. Date of Last Report

10/24/1996

4. FEI Number

58-1914989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CAPPS, BRUCE G  
2801 SEMORAN DR  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

BRUCE G. CAPPS

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

305 PLANTATION HILL ROAD

83 City & State

84 Zip

GULF BREEZE

FL

85 Zip Code

32561

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: BRUCE G. CAPPS

Signature of Registered Agent

2-3-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSTD  
CAPPS, BRUCE G  
2801 SEMORAN DR  
PENSACOLA FL 32503

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
CAPPS, MARIE  
2801 SEMORAN DR  
PENSACOLA FL 32503

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT  
BRUCE G. CAPPS  
305 PLANTATION HILL ROAD  
GULF BREEZE FL 32561

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VICE-PRESIDENT  
MARIE CAPPS  
305 PLANTATION HILL ROAD  
GULF BREEZE, FL 32561

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

BRUCE G. CAPPS

2-3-97 904916-9868

Date Daytime Phone

CR2E034 (9/96)