NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **N42755** **(1)**

1. Corporation Name

PERSONNEL SELECTION COUNCIL OF FLORIDA, INC.

Principal Place of Business

2601 W BROWARD BLVD
RM 1050
FT LAUDERDALE FL 33312
US

Mailing Address

2601 W BROWARD BLVD
RM 1050
FT LAUDERDALE FL 33312
US

21 Principal Place of Business
22 Suite / Apt. #, etc
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite / Apt. #, etc
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
03/28/1991

4. FEI Number
65-0258964
[ ] 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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

CHASIN, MIKE
115 S. ANDREWS AVENUE
GOVERNMENT CENTER
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0802 and 617.1508, 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 I accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: (Signature of a New Registered Agent if applicable) DATE

OFFICERS AND DIRECTORS

100	D	[✓] DELETE
105	FERRELL, KADAN	
108 STREET ADDRESS	2601 W BROWARD BLVD.	
109 CITY STATE ZIP	FT.LAUDERDALE FL	
100	D	[✓] DELETE
105	CHASIN, MIKE	
108 STREET ADDRESS	115 S ANDREWS AVE GOVT CENTER	
109 CITY STATE ZIP	FT LAUDERDALE FL	
100	D	[ ] DELETE
105	HUDSON, EL PAGNIER	
108 STREET ADDRESS	2601 W. BROWARD BLVD.	
109 CITY STATE ZIP	FT. LAUDERDALE FL	
100	D	[ ] DELETE
105	ALAN, MARK	
108 STREET ADDRESS	2601 W BROWARD BLVD	
109 CITY STATE ZIP	FT LAUDERDALE FL	
100	D	[ ] DELETE
105	BICE, DESIREE	
108 STREET ADDRESS	301 N ANDREWS AVE	
109 CITY STATE ZIP	FT LAUDERDALE FL	
100	D	[ ] DELETE
105	VISCARRA DIANA	
108 STREET ADDRESS	2601 W. BROWARD BLVD.	
109 CITY STATE ZIP	FT. LAUDERDALE FL	

110 TITLE	D	[ ] Change [✓] Addition
120 NAME		
130 STREET ADDRESS		
140 CITY STATE ZIP		
210 TITLE	D	[ ] Change [✓] Addition
220 NAME		
230 STREET ADDRESS		
240 CITY STATE ZIP		
310 TITLE		[ ] Change [ ] Addition
320 NAME		
330 STREET ADDRESS		
340 CITY STATE ZIP		
410 TITLE		[ ] Change [ ] Addition
420 NAME		
430 STREET ADDRESS		
440 CITY STATE ZIP		
510 TITLE		[ ] Change [ ] Addition
520 NAME		
530 STREET ADDRESS		
540 CITY STATE ZIP		
610 TITLE		[ ] Change [ ] Addition
620 NAME		
630 STREET ADDRESS		
640 CITY STATE ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in a separate typed attachment.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #