


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50145 (4)**

1. Corporation Name  
**HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL PLACEMENT SERVICES, INC.**



Principal Place of Business <b>101 E KENNEDY SUITE 2110 TAMPA FL 33602 US</b>	Mailing Address <b>101 E KENNEDY SUITE 2110 TAMPA FL 33602-5148 US</b>
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3. Date Incorporated or Qualified <b>07/30/1992</b>	3a. Date of Last Report <b>06/07/1996</b>
4. FEI Number <b>59-3136863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**PRUITT, CONNIE R. ESQ.  
101 E KENNEDY BLVD  
SUITE 2110  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FERNANDEZ, RICARDO</b>	
STREET ADDRESS <b>101 E KENNEDY BLVD. SUITE 2110</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SULLIVAN, TIMON V. ESQ.</b>	
STREET ADDRESS <b>101 E KENNEDY BLVD SUITE 2110</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>GILBERT, RICHARD</b>	
STREET ADDRESS <b>101 E KENNEDY BLVD. SUITE 2110</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>DPE</b>	<input type="checkbox"/> DELETE
NAME <b>ACTON, EMELINE</b>	
STREET ADDRESS <b>601 E KENNEDY 27 FLOOR</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>TS</b>	<input type="checkbox"/> DELETE
NAME <b>HONEYWELL, CHARLENE E</b>	
STREET ADDRESS <b>101 E KENNEDY ST 3700</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>100 S. Ashley Dr. # 2100</b>	
1.3 STREET ADDRESS <b>Tampa, FL 33602</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>P.O. Box 1006</b>	
2.3 STREET ADDRESS <b>Tampa, FL 33601-1006</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>P.O. Box 2350 N/A</b>	
3.3 STREET ADDRESS <b>Tampa, FL 33601-2350</b>	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>601 E Kennedy # 27th Floor</b>	
4.3 STREET ADDRESS <b>Tampa, FL 33601-1110</b>	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>P.O. Box 2231 N/A</b>	
5.3 STREET ADDRESS <b>Tampa, FL 33602</b>	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)