FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A

DOCUMENT # N93000001068 (6)

1. Corporation Name

INTERNATIONAL PERSONNEL MANAGEMENT ASSOCIATION, CENTRAL NORTH-FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 68862 ORLANDO FL 32858	POST OFFICE BOX 68862 ORLANDO FL 32858

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3107996 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BLANCA, TONY
400 SOUTH ORANGE AVE
ORLANDO FL 32801-3302

10. Name and Address of New Registered Agent

31 Name: German Romero
32 Street Address (P.O. Box Number is Not Acceptable): 1301 East Second Street
33
34 City: San Ford FL 35 Zip Code: 32771

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] 4-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PPD	☒ Change ☐ Addition
NAME	BLANCA, TONY	1.2 NAME		
STREET ADDRESS	400 SOUTH ORANGE AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 02	1.4 CITY-ST-ZIP		
TITLE	PED	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	GERMAN ROMERO	2.2 NAME	German Romero	
STREET ADDRESS	1301 EAST SECOND ST	2.3 STREET ADDRESS	1301 East Second St.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VD	3.1 TITLE	PED	☒ Change ☐ Addition
NAME	LINDA RAMSEY	3.2 NAME		
STREET ADDRESS	601 E. KENNEDY, 17TH FLOOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	EVENDER SPRADLIN	4.2 NAME		
STREET ADDRESS	1000 CITY CENTER CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	JIM GIBSON	5.2 NAME		
STREET ADDRESS	601 E. KENNEDY, 17TH FLOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	SD	☐ Change ☒ Addition
NAME		6.2 NAME	JOE DENARO	
STREET ADDRESS		6.3 STREET ADDRESS	1300 Ninth Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Cloud, FL 34769	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-25-95 407-321-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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