

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002442

1. Corporation Name
JOB SEARCH, INC.

Principal Place of Business
**1018 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

Mailing Address
**1018 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

FILED

99 FEB 16 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/28/1998 4. FEI Number 59-3496303 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URASSA, ERNEST
327 MILESTONE DRIVE
TALLAHASSEE FL 32312**

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

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

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	PVST <input type="checkbox"/> DELETE	1.1 TITLE	BOARD CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URASSA, ERNEST	1.2 NAME	ANN PAYNE <input checked="" type="checkbox"/>
STREET ADDRESS	327 MILESTONE DRIVE	1.3 STREET ADDRESS	541 N. MONROE ST.
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GENESE BYRD <input checked="" type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	305 COLEMAN ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32310
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PAMELA LIGHTBOURNE <input checked="" type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	5523 PEDRICK PLANTATION CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 statement with an address, with all other like empowered.

SIGNATURE:

ERNEST URASSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST URASSA 01-04-99

850-222-1175
Date Daytime Phone #

CR2927 (1/1/91)