FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

AND IMPORT #

SIGNATURE:

SCHATCRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place	CUTIVE SEARCH INTERNA	Mailing Address	······································							
NO.1209 ORANGE STREET WILMINGTON DE 19801		NO.1209 ORANGE STREET WILMINGTON DE 19801								
							3. Date Incorporated or Qualift 04/27/1988	ied 3a. Dat	e of Last	
2. Principal Pla 21	ace of Business	2a. Mailing Addr	ess		····		4. FEI Number		02/27	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				06-1223487	····		Not Applicat	
22		27	, 616.				5. Certificate of Status Desired	i 🗆		75 Additional
City & State		City & State			6. Election Campaign Financir			e Required		
23 Zip		28					Trust Fund Contribution	^{'9} 🗆	ዕራ Add	00 May Be ded to Fees
Zip 24	Country 25	Z _I p	30	Country			8. This corporation has liability Florida Statutes	for intangible to	ax under	s 199.032,
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of Ne		Anent	··· · · · · · · · · · · · · · · · · ·
				81	Name			II HOMISTOLE	Agont	
	RPORATION SYSTEM			82	Street	Addres	s (P.O. Box Number is Not Acce	otable)		
	S. PINE ISLAND ROAD				<u></u>		o (root bearing to the contract	pravie)		
PORNI	ATION FL 33324			83				·		
				84	City				85	Zip Code
or registere familiar with	or the provisions of Sections 607.050; and agent, or both, in the State of Flori and accept the obligations of, Sect	2 and 607.1508, Florida ida. Such change was a top 807.0505, Florida S	Statutes, the	ie above-n y the corpo	named co	orporation board	on submits this statement for the of directors. I hereby accept the	purpose of cha appointment as	anging its registere	s registered off ad abent, I am
SIGNATURE	n, and accept the obligations of, Sect	tion 607.0505, Florida S	Statutes.	Spistered Agent			nen reinstating	DATE	registere	ed agent. I am
SIGNATURE S	n, and accept the obligations of, Sect Signature, typed or printed name of reastined agent OFFICERS AN PD	tion 607.0505, Florida S	Statutes.	,			or directors. Thereby accept the t	DATE DEFICERS AND	DIRECT	ORS IN 12
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5.10.96 Date

Daytime Phone #