

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P32516** (7)
1. Corporation Name
ROMAC & ASSOCIATES OF ORLANDO, INC.

Principal Place of Business
**120 W. HYDE PARK PLACE
#150
TAMPA FL 33606**

Mailing Address
**120 W. HYDE PARK PLACE
#150
TAMPA FL 33606**

FILED
Jul 09 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/18/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		04-2388682	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUNKEL, DAVID 1200 SOUTH PINE ISLAND ROAD #150 TAMPA FL 33606				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 400002583934			
				84 City TAMPA FL 33606 85 Zip Code			

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, 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	CP	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNKEL, DAVID			1.2 NAME	DUNKEL, DAVID L.		
STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150			1.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
CITY-ST-ZIP	TAMPA FL 33606			1.4 CITY-ST-ZIP	TAMPA, FL 33606		
TITLE	DEVP	<input type="checkbox"/> DELETE		2.1 TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWARTZ, JAMES D			2.2 NAME	SWARTZ, JAMES D.		
STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150			2.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
CITY-ST-ZIP	TAMPA FL 33606			2.4 CITY-ST-ZIP	TAMPA, FL 33606		
TITLE	DVP	<input type="checkbox"/> DELETE		3.1 TITLE	D.V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTER, HOWARD W			3.2 NAME	SUTTER, HOWARD W.		
STREET ADDRESS	120 W. HYDE PARK PLACE			3.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
CITY-ST-ZIP	TAMPA FL 33606			3.4 CITY-ST-ZIP	TAMPA, FL 33606		
TITLE	DVPT	<input type="checkbox"/> DELETE		4.1 TITLE	DT, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINICI, PETER			4.2 NAME	DOMINICI, PETER		
STREET ADDRESS	120 W. HYDE PARK PLACE			4.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
CITY-ST-ZIP	TAMPA FL 33606			4.4 CITY-ST-ZIP	TAMPA, FL 33606		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	D.V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CALOATERRA, THOMAS M			5.2 NAME	RICHARD CALOATERRA		
STREET ADDRESS	120 W. HYDE PARK PLACE			5.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
CITY-ST-ZIP	TAMPA FL 33606			5.4 CITY-ST-ZIP	TAMPA, FL 33606		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	GORDON TRASTALL		
STREET ADDRESS				6.3 STREET ADDRESS	120 W. HYDE PARK PLACE, SUITE 150		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	TAMPA, FL 33606		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

7/6/98 (813) 258-8855

CR2E034 (5/98)