SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000005458 (4)**

1. Corporation Name
CAREER RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
4451 HARBOR HILLS DR LARGO FL 34640	P. O. BOX 2276 CLEARWATER FL 34617 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business
21: 38 MANEY AV
22 Suite, Apt. #, etc.: #2
23 City & State: ASHEVILLE, NC
24 Zip: 28804 25 Country:

2a. Mailing Address
26: PO Box 18328
27 Suite, Apt. #, etc.:
28 City & State: ASHEVILLE, NC
29 Zip: 28814 30 Country:

4. FEI Number: 59-3167337 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KULESZA, HENRY
2889 LOS ALTOS DR
#6
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

91 Name: JAMES W. FREEMAN, JR.
92 Street Address (P.O. Box Number is Not Acceptable): 28100 US 19 N.
93: SUITE 300
94 City: CLEARWATER FL 95 Zip Code: 34621

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: James W. Freeman DATE: 8/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	KULESZA, HENRY	12 NAME	
STREET ADDRESS	2889 LOS ALTOS DR., #6	13 STREET ADDRESS	38 MANEY AV., #2
CITY-ST-ZIP	BELLEAIR BLUFFS FL	14 CITY-ST-ZIP	ASHEVILLE, NC 28804
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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

SIGNATURE: Henry Kulesza HENRY KULESZA 8/2/95 704-253-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187600 FP