FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010712 (6)

EXECUTIVE EMPLOYMENT SEARCH, INC.

Mailing Address

FILED May 09 1997 8:00am Secretary of State



4000 S. TAMIAMI TRAIL SUITE 204 SARASOTA FL 34231			4000 S. Tamiami Tranl Suite 204 Sarasota Fl 34231-3624				Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 04/30/1996			
2. Principal Place of Business 2a. Mailing Address						رث.	4. FEI Number	Applied		plied For	
21 4370 S. TAMIAMI TRAIL 26 4370 S. TA					MIAMI TRAIL		65-0385324			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 162							5. Certificate of Status Desired		Additional equired		
City & State City & State 23 SARASOTA FL 28 SARASOT										\$5.00 May Be Added to Fees	
Zip 24 342	24 -11	29		30 C	ountry U			⊈Yes 🔲 i	No	. 199.032,	
	9, Name and Addres	ss of Current Regi	istered Agent		B1	Name	10. Name and Address of New Re	gistered Age	ent		
	RELL, DONALD J				B'	Name					
2033 MAIN ST. Suite 300					82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)			
SAR	ASOTA FL 34237				83						
					84	City		FL	35 Zip (Code	
office or r	to the provisions of Section of Section (c) to the egistered agent, or both, militar with, and acceptable of the egister of th	in the State of Flo	rida. Such change wa	is authoria	ed by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of choot the appoin	anging it tment as	s registered registered	
SIGNATURE							4.44	DATE			
12.	Signature: Typed or printed name	FICERS AND DIRE		13		or alghature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12	
TITLE	P	TRACTION IN CO.	DELETE		TITLE		1101101010101010101010101010101010101010		Change	Addition	
NAME	GARBERINO, TONIN	F			NAME	l					
STREET ADDRESS	4370 S. TAMIAMI TR					ADDRESS					
CITY-ST-7iP	SARASOTA FL	742 OIL 102			CITY-S	1					
TITLE	- CANADOTA I E		DELETE		TITLE	1 211			Change	Addition	
NAME					NAME			_	•		
STREET ADDRESS	II			1		ADDRESS					
					CITY-S						
Dity-St-7iP			DELETE		TITLE	51-21			Change	Addition	
NAME					NAME			b-v,u	, enange		
						400nree					
STREET ADDRESS						ADDRESS					
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STREET ADDRESS						ADDRESS					
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THUE			F" DECEME	- 1	TITLE	ŀ		-	1 Distriction		
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP			☐ DELETE		CITY-S	1-ZIP			Change	Addition	
TITLE			L. DELETE		TITLE			h.,	i Muanige	LT VOULD	
NAME					NAME						
STREET ADDRESS				6.3	STREET	ADORESS					

4. To refer by certify that the information supplied with risining does not qualify for the exemption stated in section 1.19.0 (a)(i), riorida Statutes. 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

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date