

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014590 (2)

1. Corporation Name

MANAGEMENT RECRUITERS OF PALM BEACH, INC.

Principal Place of Business

350 SOUTH COUNTY RD.
#202
PALM BEACH FL 33480

Mailing Address

350 SOUTH COUNTY RD.
#202
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1993

3a. Date of Last Report
08/09/1994

4. FEI Number
65-0397560

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHASKY, THOMAS K
350 SOUTH COUNTY RD
#202
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0506, Florida Statutes.

SIGNATURE

Signature of registered agent or new registered agent (if applicable)

Signature of registered agent or new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
JOHASKY, THOMAS K.
350 S. COUNTY RD., STE. 202
PALM BCH. FL

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY, ST, ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY, ST, ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY, ST, ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY, ST, ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in the filing. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be subject to the same penalties as provided in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed version of an attached with an address.

SIGNATURE:

Thomas K. Johasky

Thomas K. Johasky, Pres

4-24-95

407-659-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR