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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000014590 (2)**

1. Corporation Name

MANAGEMENT RECRUITERS OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
350 SOUTH COUNTY RD. #202 PALM BEACH FL 33480	350 SOUTH COUNTY RD. #202 PALM BEACH FL 33480

2. Principal Place of Business	2a. Mailing Address
21 1700 Elas Olas Blvd	26 1700 Elas Olas Blvd
Suite, Apt. #, etc. 22 PH #5	Suite, Apt. #, etc. 27 PH #5
City & State 23 Fort Lauderdale FL	City & State 28 Fort Lauderdale FL
Zip 24 33301 — County 25 USA	Zip 29 33301 — County 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
02/19/1993	05/01/1995

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

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

31 Name: Johasky, Thomas K

32 Street Address (P.O. Box Number is Not Acceptable): 1700 Elas Olas Blvd

33 PH #5

34 City: Fort Lauderdale — FL — 35 Zip Code: 33301

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHASKY, THOMAS K. 350 S. COUNTY RD., STE. 202 PALM BCH. FL	☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Johasky, Thomas K. 1700 Elas Olas Blvd PH #5 Fort Lauderdale FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: X Thomas K. Johasky — 4/11/96 — 305-525-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)