

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Tallahassee, Florida
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:07

DOCUMENT # P93000022229 (7)

To: Corporation Name

THE HUMAN RESOURCE GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (Mailing Address) 1800 SOUTH OCEAN BLVD. #1205 POMPANO BEACH FL 33062		Mailing Address 1800 SOUTH OCEAN BLVD. #1205 POMPANO BEACH FL 33062	
2. Principal Office (Mailing Address) 21. State, Apt. #, etc. 22. City & State 23. Zip		2b. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Created 03/19/1993		3a. Date of Last Report 05/01/1994	
4. FEI Number 65-0399351		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	
7. Has corporation ever applied for exemption from filing under § 490.092, Florida Statutes ☐ Yes ☐ No		8. Name and Address of Current Registered Agent MCKENZIE, CELESTE 1800 SOUTH OCEAN BLVD. #1205 POMPANO BEACH FL 33062	
9. 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		10. Name and Address of New Registered Agent	
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: <i>[Signature]</i> <i>NO CHANGE</i> <i>1/25/94</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME 12b. STREET ADDRESS 12c. CITY & STATE 12d. ZIP		13a. NAME 13b. STREET ADDRESS 13c. CITY & STATE 13d. ZIP	
12a. NAME 12b. STREET ADDRESS 12c. CITY & STATE 12d. ZIP		13a. NAME 13b. STREET ADDRESS 13c. CITY & STATE 13d. ZIP	
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12a. NAME 12b. STREET ADDRESS 12c. CITY & STATE 12d. ZIP		13a. NAME 13b. STREET ADDRESS 13c. CITY & STATE 13d. ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/94

305 941 4468