FILED Apr 20, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000040591

1. Corporation Name

EMPLOY	MENT RESOURCES INC.					
Principal Place	e of Rusiness	Mailing Address	·			
Principal Place of Business  4462 N. UNIVERSITY DRIVE LAUDERHILL FL 33351  US  Mailing Address  4462 N. UNIVERSITY DRIVE BUILDING 8. STE. V LAUDERHILL FL 33351 US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
		•••				06/09/1993
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26						65-0383247 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5, Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State					_ <del>.</del>	6. Election Campaign Financing \$5.00 May Be
23		28	-			Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No
24	9. Name and Address of Current				<u> </u>	10. Name and Address of New Registered Agent
				81	Name	
MCPHERSON, MARCIA 5940 NW 12TH COURT				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
SUNRISE FL 33313			1	83		
				84	City	FL 85 Zip Code
2 September 2 Sept						
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	Signature, typed or printed name of registered agen	t and title if applicable (NOTF: (	Registered /	Apent s	signature regui	uired when reinstating) DATE
12.	OFFICERS AN	<u>``</u>	13.	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PICED	☐ DELETE	1.1 TIT	ιE		☐ Change ☐ Addition
NAME	MCPHERSON, MARCIA		1.2 NA	ME		
STREET ADDRESS			1.3 STF	REETA	ADDRESS	
CITY+ST-ZIP	SUNRISE FL 33313		1.4 CIT	Y-ST-	ZIP	
TITLE	VP	P DELETE 2.1 TO		LE		☐ Change ☐ Addition
NAME	MILTON MCPHERSON,		2.2 NAJ	ME		
STREET ADDRESS	5940 N.W. 12TH COURT		2.3 STF	REETA	ADDRESS	
CITY+ST-ZIP	SUNRISE FL 33313		2. 4 CI	Y-ST-	-ZIP	
TITLE -		☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME			3.2 NA	ME	`	the state of the s
STREET ADDRESS			3.3 STI	REETA	ADDRESS	,
CITY-ST-ZIP			3.4. CF		-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETÉ	4.1 TIT			☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT		ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TIT			
NAME					ADDRESS	:
STREET ADDRESS	}		5.4 CIT		1	
CITY-ST-ZIP	ļ	☐ DELETE	6.1 TIT		<u></u>	☐ Change ☐ Addition
TITLE			6.2 NA			
NAME	·		1		ADDRESS	
STREET ADDRESS	I					· · · · · · · · · · · · · · · · · · ·

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: