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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

(5)

IVISION OF CORPORATIONS

1996	Go WI	DIVISIO
DOCUMENT # 1. Corporation Name	P9300004	0719

1. Corporation is									
A & M	EXECUTIVE SEARCH, INC) 4							
Principal Place of	f Business	Mailing Address				1 (05(1) \$1) 10 19100 16111 10111 101	H THIS TUIL	81 8 18 88181 18	18) tiáin 1811 1881
14135 SNEAD		14135 SNEAD CIR							
ORLANDO FL		ORLANDO FL 32837							
						3. Date Incorporated or Qualified		e of Last R	
						06/08/1993 4. FEI Number	1	05/01/1	Applied For
Principal Place	e of Business	2a. Mailing Address				59-3187800			Not Applicable
1		Suite, Apt. #, etc.							5 Additional
Suite, Apt. #,	etc	27				5. Certificate of Status Desired			Required
City & State		Gity & State				6. Election Campaign Financing		\$5.0	0 May Be
3		28				Trust Fund Contribution	<u></u>		ed to Fees
Zip	Country	Zφ		untry		8. This corporation has liability for		ax under s	199.032,
	25	29	30	т		Florida Statutes Yes 10. Name and Address of New I	. No Registered	Agent	-
	9. Name and Address of Curren	t Hegistered Agent		81	Nanie	10. Hante and Address of Now.			
						0.0.5	7151		
	DD, JOSEPH I			62	Street Add	ress (P.O. Box Number is Not Accepta)(e)		
	SNEAD CIR			83	· · · · ·				
UHLANL	OO FL 32837							85 Z	lip Code
				84	'	oration submits this statement for the pu	FI	_	
famikar with	n, and accept the obligations of, Sections of Sections of Sections of Section (Section (Secti	eard ste face 4 k	iCife Hogoston	.: Адк		and of directors. Thereby accept the application of directors and of directors and of directors. ADDITIONS/CHANGES TO OF	DA*F		
12.		D DIRECTORS DELETE	13.	liit E		ADDITIONS/CHANGES TO OF	TICERS AN	Change	
TITLE	P		1	NAME					
NAME	MCCARTHY-AXELROD, MILI 14135 SNEAD CIR	UNED A			LADDRESS				
STREET ADDRESS CITY-ST-ZiP	ORLANDO FL 32837		1		ST-ZIP				
TITLE	V	[] DELETE		Τι'LE				☐ Change	Addition
NAME	AXELROD, JOSEPH I		2 2	NAME	İ				
STREET ADORESS	14135 SNEAD CIR		23	STEEF	LADOR ISS				
CITY-ST-ZIP	ORLANDO FL 32837				ST-ZIP			F1 Change	Addition
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NAME				NAME	ļ				
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CITY-ST-ZIP		DELETE		LIII) TIILE	ST-ZIP			☐ Change	Addition
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NAME STREET ADDRESS					EL ADDRESS				
CITY-ST-ZIP			4.4	CHTY-	-ST-ZIP				
TITLE		☐ DELETE	5	TITLE		3000018 -05/29/960	426	- CD-CDang	e 🔲 Addition
NAME			5.2	NAME		-05/29/96- - -0	1062	021	
STREET ADDRESS			5.3	STRE	F1 ADDRESS	***225.00			_
CITY-ST-ZIP					- ST - ZIF			☐ Chang	- TOP A Ideal
TITLE		☐ DELETE		1 Itial				U Cliaity	JAN M
NAME				NAM				ト	UND
STREET ADDRESS					ET ADDRESS			J	1
CITY - ST - ZIP		J. Jan. 10 to 40 a in reductorily f	urniehod an	i UIIY	-S*-ZP	y for the exemption stated in Section 1	19.07(3)(k).	Florida Sta	tutes. I further

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that it 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 of Block 13 if changed or on an attack ment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/9

407-856-4192