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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068786 (1)

EMPLOYMENT SCREENING PROFESSIONALS, INC.

	4.0			 		
Principal Place of Business Mailing Address						
2728 KEYSTO		2728 KEYSTONE DR.			Į.	
ORLANDO FL 32806		ORLANDO FL 32806 US		DO NOT WRITE IN THIS SPACE		
00		00			3. Date Incorporated or Qualified	
					09/28/1993	
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26		59-3208541	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	g, Name and Address of Cui	rent Registered Agent	81	Name	10. Name and Address of New Register	ad Agent
	SUTLEY, SARA M.					
	2728 KEYSTONE DR.			Street Add	dress (P.O. Box Number is Not Acceptable)	
OF	ORLANDO FL 32806					
			83	1		
İ			84	City		85 Zip Code
				1 '	_F	·L.
office or agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- Signature, typed or profed name of registered				poration submits this statement for the purposition's board of directors. I hereby accept the stated when reinstating) DAT	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	VSD					Change Addition
NAME	SUTLEY, ROBERT O.		1.2 NAME			
STREET ADDRESS	2728 KEYSTONE DR.	1.3 STREET ADDRESS		T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	ST-ZIP		
TITLE	PTD					Change Addition
NAME	SUTLEY, SARA M		2.2 NAME		٠.	:
STREET ADDRESS	2728 KEYSTONE DR.		2 3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CiTY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP		····	3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	i		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE	-		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
CITY ST. 7IP	1		64 CITY	ST. 740		ļ.

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.

Surplice Surpline Surpli

(401)839-4700

FILED

Apr 16 1998 8:00am

Secretary of State