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

Mailing Address

7540 SW 59TH COURT

MIAMI FL 33143-5189

2a. Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

2. Principal Place of Business

8414 SW 103 AVE Sulte, Apt. #, etc.

7540 SW 59TH COURT

MIAMI FL 33143



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

8414 SW 103 Ave

3.

4.

DOCUMENT # P93000069625 (0)

TOTAL LIFE AND CAREER SERVICES INC.

Apr 30 1997 8:00am Secretary of State		
	Date of Last Report 5/01/1996	
FEI Number	Applied For	
65-0445749	Not Applicable	
Certificate of Status Desired	\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
This corporation has liability for intangib	·	
Name and Address of New Registered		
BAME) MCHALE	WILLIAM	
O. Box Number is Not Acceptable)	<u> </u>	
mi FI	L 85 Zip Code 33173	
submits this statement for the purpose pard of directors. Thereby accept the ap	of changing its registered	
IF WILLIAM A	1/23/97	
oinstaing) DATE DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	6
Address change	Change Addition	8
14 SW 103 Ave.	~	A
iami. FL 3317	2	CR2E034 (9/96)
1H1711,12 0017		쯨
	Change Addition	U
	Change L Addition	
		•

5. MIAMI City & State 6. MIAMI 23 28 Zip33173 Country 8. 5 A USA 25 24 29 9. Name and Address of Current Registered Agent 40. 81 MCHALE, WILLIAM J Name 7540 S.W. 59TH COURT 82 Street Address (P. 8414 S **SUITE 30** 83 **MIAMI FL 33143** 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent. I em familiar with, and accorp the obligations of Section 607 0505, Florida Statutes.

SIGNATURE

Strature: typed or printed name/it registered agent and title if authorized.

INDIE: Registered Agent signature required when it (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.3 DILE CARUSO, MELINDA NAME 1.2 NAME 7540 SW 59TH CT, STE. 30 STREET ADDRESS 1.3 STREET ADDRESS m MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP! 54 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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.

und (AA) A CEARLAINEALA