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DOCUMENT 3

PROPERTY

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-20-1999 90012 033 ***150.00

DOCUMENT # P94000061204

1. Corporation Name
ROMAC INTERNATIONAL, INC.



Principal Place of Business 120 W. HYDE PARK PL., SUITE 150 TAMPA FL 33606	Mailing Address 120 W. HYDE PARK PL., SUITE 150 TAMPA FL 33606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1994	
21		26		4. FEI Number 59-3264661	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUNKEL, DAVID L 120 W. HYDE PARK PL., SUITE 150 TAMPA FL 33606				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNKEL, DAVID L			1.2 NAME			
STREET ADDRESS	120 W. HYDE PARK PL., SUITE 150			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606			1.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALCATERRA, TOM			2.2 NAME			
STREET ADDRESS	120 W. HYDE PARK PL., SUITE 150			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606			2.4 CITY-ST-ZIP			
TITLE	DTV	<input type="checkbox"/> DELETE		3.1 TITLE	DTV : Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMINICI, PETER			3.2 NAME			
STREET ADDRESS	120 W. HYDE PARK PL., SUITE 150			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTER, HOWARD			4.2 NAME			
STREET ADDRESS	500 W CYPRESS CREEK ROAD, SUITE 200			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			4.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COCCHIARO, RICHARD			5.2 NAME			
STREET ADDRESS	1519 EDGEWOOD LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINNETKA IL 60093			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUNSTALL, GORDON			6.2 NAME			
STREET ADDRESS	12566 CLASSIC DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			6.4 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.

SIGNATURE: Secretary 4/15/99 (813) 250-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR0924-110A