

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # P94000072841 (7)
1. Corporation Name

GOVERNMENT CAREERS CENTER, INC.



Principal Place of Business: **661 NE 125TH STREET NORTH MIAMI FL 33161**
Mailing Address: **661 NE 125TH STREET NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified: **10/01/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0523031**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 661 NE 125TH STREET NORTH MIAMI FL 33161**
2a. Mailing Address: **26 661 NE 125TH STREET NORTH MIAMI FL 33161**
Suite, Apt. #, etc: **22**
City & State: **23**
Zip: **24** Country: **25**

9. Name and Address of Current Registered Agent
**HOLASH, LISE M
270 NE 200TH TERRACE
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent
81 Name: **ANTHONY J. VENZARA**
82 Street Address (P.O. Box Number is Not Acceptable): **661 NE 125 ST.**
83
84 City: **NORTH MIAMI** FL 85 Zip Code: **33161**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 8/7/96

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	HOLASH, LISE M.	
STREET ADDRESS	270 NE 200 TR	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RICHARD F. OTIS	
13 STREET ADDRESS	270 NE 200 TER.	
14 CITY-ST-ZIP	MIAMI, FL 33179	
21 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ANTHONY J. VENZARA	
23 STREET ADDRESS	661 NE 125 ST.	
24 CITY-ST-ZIP	NORTH MIAMI, FL 33161	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE: *[Signature]* 8/7/96 305-892-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)