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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000076919 (7)

HUMAN RESOURCE EFFECTIVENESS, INC.

Principal Place of Business	Mailing Address	
11283 161ST ST. NORTH JUPITER FL 33478	6230 W. INDIANTOW RD 7-312	
	JUPITER FL 33458	
	US	

FILED Jun 01 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0536910 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Zip Zø 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEFFER, KRISTINA F 11283 161 ST. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 83 84 City Zip Code 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 Signature: typical or printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition 🔲 DELETE 1.1 TITLE Change TITLE STEFFER, KRISTINA F 1.2 NAME CR2E034 NAME 11283 161 ST. NORTH 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 000002543580 Tichange DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME -06/02/98--01020--011 5.3 STREET ADDRESS STREET ADDRESS ***150.00 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-S1-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling cloes 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the corporation of 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.

21,-100

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