FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:09

DOCUMENT # P94000086225 (7)

1. Corporation Name
CARLYLE EMPLOYMENT SERVICES, INC.

Principal Place of Business	Mailing Address
6301 MEMORIAL HIGHWAY TAMPA FL 33615	6301 MEMORIAL HIGHWAY TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

4. FEI Number: 59-3279174 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEMS INC
1201 HAYS ST SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		1.2 NAME	GARY STONE	
STREET ADDRESS		1.3 STREET ADDRESS	26 BRYCEWOOD DR.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BIX HILLS NY. 11746	
TITLE		2.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME		2.2 NAME	TONIE PAPALEO	
STREET ADDRESS		2.3 STREET ADDRESS	150 CYPRESS PL.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE		3.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME		3.2 NAME	HORACE J. KLAMPFER	
STREET ADDRESS		3.3 STREET ADDRESS	4 LYN COURT	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HUNTINGTON NY. 11743	
TITLE		4.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		4.2 NAME	DEBRA LUPARDO	
STREET ADDRESS		4.3 STREET ADDRESS	939 WILSTER AVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW ROCHELLE NY 10804	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 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 is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: HORACE J. KLAMPFER 2/15/95 (212)629-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0207607 CP