

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 23 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 940000 866 73**

1. Corporation Name
**Professional Recruiting In Strategic Management
Inc.**

Principal Place of Business a. Mailing Address
**167 Wildwood Drive
Sanford, FL 32773**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/94	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. 3801 W. Lake Mary Blvd Suite, Apt. #, etc.	26. 3801 W. Lake Mary Blvd Suite, Apt. #, etc.	27. Suite 119 City & State	28. Lake Mary, FL City & State
22. Suite 119 City & State	23. Lake Mary, FL Zip Country	29. 32746 USA	30. 32746 USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Clement L. Hyland 315 E. Livingston Street #600 Orlando, FL 32801				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	315 E. Robinson Street, Suite 600
				83. City	
				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 _____
Signature (print or printed name of registered agent and P.O. Corporation) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele E. Mandeville	1.2 NAME	Clement L. Hyland
STREET ADDRESS	167 Wildwood Drive	1.3 STREET ADDRESS	387 Devon Place
CITY, ST, ZIP	Sanford, FL 32773	1.4 CITY, ST, ZIP	Heathrow, FL 32746
TITLE		2.1 TITLE	3000014183388
NAME		2.2 NAME	-02/23/95--01081--020
STREET ADDRESS		2.3 STREET ADDRESS	***200.00 ***200.00
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such certifier appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clement L. Hyland, Director

2-16-95 407-425-7010
Date Telephone Number