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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000031396 (1)

EXECUTIVE SEARCH INTERNATIONAL LICENSE OFFICES.

FILED Mar 14 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | I SADILBOL SIA ININI DISILI DOSILI (MISILI DI | 14) 2010 11 11:3 ; 61 0 0 1 6(1 :4 10) 18 6 (1) 100 1 |
|---|---------------------------------------|------------------------|----------------------------------|--|---|
| 733 NORTH MAGNOLIA AVENUE 733 NORTH MAGNOLIA AVE ORLANDO FL 32803 ORLANDO FL 32803-3835 | | | ENUE | | |
| | | | | 3. Date Incorporated or Qualified 04/21/1995 | 3a. Date of Last Report 06/17/1996 |
| | Place of Business | 28. Mailing Address | | 4. FEI Number | Applied For |
| 21 | # ato | 26 Chille And III also | | APPLIED FOR 59-1 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | 0 | City & Stato | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 28 | Country | Trust Fund Contribution 8. This corporation has liability for | Added to Fees |
| 24 | 25 | herm ' | 30 | | Thrangible tax under st. 199,032, ✓ Yes ☐ No |
| | 9. Name and Address of Curre | | 7 | 10. Name and Address of New R | |
| STONE, STEPHEN M 725 N. MAGNOLIA AVENUE ORLANDO FL 32803 81 Name STEVE STONE 82 Street Address (P.Q. Box Number is Not Acceptable) 735 N. Magnolia Huenue 83 84 City Orlando FL 85 Zio Code 3 | | | | | |
| 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 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 this accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, by Control of the purpose of changing its registered above-named corporation submits this statement for the purpose of changing its registered of the purpose of changing | | | | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | PD | L DELETE | 1.1 31TLE | | Change L Addition |
| NAME | WOSGIEN, B.K. 2517 WATERVIEW PLACE | | 1.2 NAME | | |
| STREET ADDRESS | ORLANDO FL | | 13 STREET ADDRESS | | |
| CITY+ST-ZIP TITLE | TD | DELETE | 1.4 CHY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | WOSGIEN, CARLA M | | 2.2 NAME | | T Change T Vacation 1 |
| STREET ADDRESS | 2517 WATERVIEW PLACE | | 2.3 STREET ADDRESS | | } |
| CITY-ST-ZIP | ORLANDO FL | | 2. 4 CITY - S1 - ZIP | | |
| TITLE | | DELETE | 3.1 717 (E | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | J |
| CITY-ST-ZIP | | | 3.4. C(1Y - S1 - Z(P | | |
| TITLE | | ☐ DELETE | 41 THLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Delete | 44 CITY - ST - 7IP | | |
| TITLE | | ☐ OELETE | 5.1 THLE | | Change L Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5 4 CITY - ST - ZIP 6 1 TITLE | | Change Addition |
| TITLE | | F DEFECT | | | C Change C Addition |
| NAME PTREET ADDRESS | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 6.4 CHY-\$1-ZIP | 11 0 V 440 APROVIDE 11 0 | |

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual 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 officeror 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 chapted, or or an attachment with an address.

2/11/97 407-425-6000