

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031400 (1)

1. Corporation Name

EMPLOYEE RELATIONS SERVICES, INC.

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE 603 1200
MIAMI FL 33133

2665 SOUTH BAYSHORE DRIVE
SUITE 603 1200
MIAMI FL 33133



2. Principal Place of Business

2a. Mailing Address

21 2665 S. Bayshore Dr
22 Suite Apt. #, etc.
1200

26 2665 S. Bayshore Dr
27 Suite Apt. #, etc.
1200

23 City & State
Miami FL

28 City & State
Miami FL

24 Zip 33133 25 Country USA

29 Zip 33133 30 Country USA

3. Date Incorporated or Qualified
04/21/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

MARSHA B. MAORSKY

82 Street Address (P.O. Box Number is Not Acceptable)

2665 S. BAYSHORE DR

83 Suite

SUITE 603

84 City

MIAMI

FL

85 Zip Code

33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation hereby 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

Eric Sisser ERIC SISSER

(NOTE: Registered Agent signature required when reappointing)

MARSHA MAORSKY 4-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME SISSER, ERIC R
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 603
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE PLES ☒ Change ☐ Addition
1.2 NAME SISSER, ERIC R
1.3 STREET ADDRESS 2665 S. BAYSHORE DRIVE #1200
1.4 CITY-ST-ZIP MIAMI, 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric Sisser ERIC SISSER

Date:

Daytime Phone #

4-23-96

305-285-9331

CR2E034 (12/95)