

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032407 (5)

1. Corporation Name

J.M. ENTERPRISE MANAGEMENT RECRUITMENT SPECIALIS
TS, INC.

FILED
95 MAY -1 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

11640 MINNEOLA DR.
NEW PORT RICHEY FL 34654

Mailing Address

11640 MINNEOLA DR.
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above (or)

4. FEI Number

59-3162515

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 P.O. Box 5822

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23

28 Hudson, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29 34674

30

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREHEAD, JENNIFER

11640 MINNEOLA DR.

NEW PORT RICHEY FL 34654

81 Name

← same

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 607.1501, 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, typed or printed name of registered agent or director, title, date

Signature, typed or printed name of registered agent or director, title, date

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRESIDENT
JENNIFER MOREHEAD
11640 MINNEOLA DR.
N. P. R., FL. 34654

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

NO CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

700001816467

-05/10/96--01032--021

****200.00 ****200.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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:

Jennifer B. Morehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 869-8264

Daytime Phone #

CR2E034 (12/95)