FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032407 (5)

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

Principal Plac	e of Business	Mailing Address			s somtified sife (fille) ettit omlit sætti detti detti dette fille filli etætt dettit 1861 1891							
11640 MINNEOLA DR. STE 200 NEW PORT RICHEY FL 34854 US		11640 MINNEOLA DR STE 200 NEW PORT RICHEY FL 34654 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified								
						•		••			04/25/1995	
						2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 11646	MINNEOLA DR.	28 11640 MINNS	OLA T	SP.	59-3162515	Not Applicable						
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional						
22 Suit 6		27 SUITE 200			6. Certificate of Status Desired	Fee Required						
City & State		City & State	. –		6. Election Campaign Financing	\$5.00 May Be						
	U PORT RICHEY, FL.	28 NEW PORT			Trust Fund Contribution	Added to Fees						
Zip	Country	Zip	Countr		8. This corporation owes or has paid the o							
24 346	54 25 USA		<u>30 U</u>	<u> </u>	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes 🔀 No						
9. Name and Address of Current Registered Agent AMPENIAD SENENCO 81 Name					10. Name and Address of New Registers	3 Agent						
MOREHEAD, JENNIFER				INEITHE	N/A							
11640 MINNEOLA DR, STE 200			62	Street Add	dress (P.O. Box Number is Not Acceptable)							
NE NE	W PORT RICHEY FL 34654		83	<u> </u>	<u> </u>							
			84			Ja-1 7: 0 1						
					F							
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.												
agent. i a	im familiar with, and accept the obligati	ions of Section 607.0505, Flo	rida Statute	\$.	and the second of the second o	ì						
SIGNATURE	Chip/No	whend			413	198						
12.	Signature, typed or printed name of registered agent OFFICERS AND		Hegistered Ac	ent signature req	ulted when reinstating) ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS IN 12						
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition						
NAME	MOREHEAD, JENNIFER		1.2 NAME									
STREET ADDRESS	11640 MINNEOLA DR, STE 200	1		T ADDRESS	•							
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-									
TITLE	NEW YORK TROPIES TE	DELETE	2.1 TITLE	31-411		Change Addition						
NAME			2.2 NAME									
STREET ADDRESS				T ADDRESS								
CITY-ST-ZIP			2.4 City									
TITLE		DELETE	3.1 TITLE	01-EII		Change Addition						
NAME		- ····	3.2 NAME									
STREET ADDRESS				1 ADDRESS								
CITY-ST-ZIP			3.4. CITY									
TITLE		DELETE	4.1 TITLE	- S1 - ZIF		Change Addition						
NAME		_ ·	4. 2 NAME	:								
STREET ADDRESS				T ADDRESS								
CiTY-ST-ZIP			4.4 CHY-	1								
TITLE		DELETE	51 TITLE	U. 4H		Change Addition						
NAME		- -	5.2 NAME	1								
STREET ADDRESS				T ADDRESS								
CITY-ST-ZIP			5.4 CITY-									
TITLE		DELETE	6.1 TITLE	O1-ZIF		Change Addition						
NAME			6.2 NAME	1								
STREET ADDRESS				T ADORESS								
DIDELLANDAGOO I	1		= v.a.a.met	I VEDENING I								