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

PROFIT CORPORATION ANNUAL REPORT

1999

WINDERMERE FL 34786



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90051 011 ***150.00

| | | —————————————————————————————————————— |
|----------|---|--|
| DOCUMENT | # | P95000055562 |

| 1. Corporation Name PECORARO RECRUITERS INTERN | 0055562 NATIONAL, INC. | | | | |
|--|---------------------------|---------|---|---|-----------------------------------|
| Principal Place of Business | Mailing Address | | | - (Fail bol Ha 1845) dilit addit abiti anti | |
| 1421 CRESCENT LAKE DRIVE WINDERMERE FL 34786 1421 CRESCENT LAKE DRIVE WINDERMERE FL 34786 | | | DO NOT WRITE IN THIS 3PACE 3. Date Inco porated or Qualified 07/18/1995 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Numt er | Applied For |
| 1884 S. DILLARD ST. | 26 | | | 16-1360499 | Not Ar plicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 WINTER GARDEN, TLA | City & State | | | 6. Election Campaign Financing Trust Fur d Contribution | \$5.00 May Be Added to Fees |
| Zip Country 24 34747 25 | Zip | Country | | This corporation owes the current year learning in the Personal Property Tax. | ntangible □Yes □No |
| 9. Name and Address of Curr | | | | 10. Name and Address of New Registere | d Agent |
| | | 81 | Name | | |
| PECORARO, ORAZIO 1421 CRESCENT LAKE DRIVE | | 82 | Street Add | ess (P.O. Box Number is Not Acceptable) | |

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

83

84 City

| agent. 1 a | m familiar with, and accept the obligations of, S | Section 607.0505, Flor | ida Statutes. | | | | |
|-----------------|--|------------------------|-------------------------------------|---------------------|--|---------------|--|
| SIGNATURE. | Signature, typed or printed nam a of registered agent and title if a | policable. (NOTE | Registered Agent signature required | d when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | S/CHANGES TO OFFICERS AND DIRECTOR 3 IN 12 | | |
| TITLE | PST | ☐ DELETE | 1.1 TITLE | | Chang | e 🔲 Additio | |
| NAME | PECORARO, ORAZIO | | 1.2 NAME | | | | |
| STREET ADORES S | 1421 CRESCENT LAKE DR | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | TS | ☐ DELETE | 2.1 TITLE | | ☐ Chang | je 🗍 Additio | |
| NAME | PECORARO, DEBORAH L | | 2 2 NAME | | | | |
| STREET ADDRE :S | 1421 CRESCENT LAKE DR. | | 2 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP_ | WINDERMERE FL | | 2. 4 CITY-ST-ZIP | | | FT Addition | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Chang | ge [] Additio | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | . Disases | |
| TITLE | | □ DEL€TE | 4 1 TITLE | | Chang | e 🔲 Additio | |
| NAME | | | 4 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | F14.00 | |
| TITLE | | ☐ DELETE | 51 TITLE | | Chan | ge 🔲 Additio | |
| NAME | | | 5 2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Chan | ge | |
| NAME | | | 6 2 NAME | | | | |
| STREET ADDF ESS | | | 6.3 STREET ADDRESS | | | | |
| OTV of 7th | , | | 6.4 CITY-ST-ZIP | | | | |

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 he same legal effect as if made under oath; that I am an officer or director of the composation or the receiver of 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 area integer to the composation of the receiver of the receiver of the composation of the receiver o

Zip Code

85

CRZE034 (11/98)