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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000056025	(6)
4 Compretion Name		

HUMAN CAPITAL RESOURCES, INC.

Mailing Address Principal Place of Business 102 WESTBROOKE CT 102 WESTBROOKE CT SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 3a. Date of Last Report 3. Date incorporated or Qualified 07/18/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3330564 Not Applicable 600 Bypass Drive 600 Bypass Drive 26 21 \$8.75 Additional Suite Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Suite 215 Suite 215 27 22 Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution Clearwater, FL 28 Clearwater, 23 8. This corporation has liability for intangible tax under s. 199 032. Country Country ^{Zip}34624 USA 34624 USA Florida Statutes ▼ Yes □ No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, RANDELL 315 S HYDE PARK AVE 83 TAMPA FL 33606 Zin Code 85 84 City 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. DAIL SIGNATURE grant to typind or per training is of representage than other diagramatic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. noilibbA 🗶 Change X) DELETE 1 1 TITLE Director THILE Paul Werlin 1.2 NAME WERLIN, EUZABETH 102 Westbrooke Ct. 1.3 STREET ADDRESS 102 WESTBROOKE CT STREET ADDRESS Safety Harbor, FL 34695 14 CHY - ST. ZIP SAFETY HARBOR FL 34695 CITY-ST-7IP Change Addition DELETE 2 : 111LF TITLE 2.2 NAME 2.3 STHEEL ADDRESS STREET ADDRESS 24 CiTY - ST - ZiP CITY - ST-7IP Change nc-tibbA [DELFTE 3 1 Tifut 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1. 7/5 Change CITY - ST - ZIP Addition DELETE 4 1 Till.E 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST-ZIP Add tion CITY - ST - ZIF Change DÉLETE 5 1 TILLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Pleas, 13 if changed, or on an attachment with an entress

5.4 CiTY - ST - ZIP

6.3 STREET ADDRESS

6.4 Ciln - \$1 - ZiF

6.1 1016

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6 28 96 813 725 3315

Change

Addition

CR2E034 (12/95)