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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500056025 (6)

HUMAN CAPITAL RESOURCES, INC.

FILED	
Apr 30 1998 8:0	0am
Secretary of St	tate

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Principal Place of Business Mailing Address										
424 CENTRAL AVE 5TH FLOOR ST. PETERSBURG FL 33701 US		424 CENTRAL AVE 5TH FLOOR ST. PETERSBURG FL 33701 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1995				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For				
21 26					59-3330564		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27		etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	ŀ ¬ ′			6. Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζφ 29	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
MILLER, RANDELL			81	Name						
315 S HYDE PARK AVE TAMPA FL 33606		82	Street Addre	ddress (P.O. Box Number is Not Acceptable)						
				83						
				84	City	FL	85	Zip Code		
ger to earlie	the provisions of Sections 607. pstered agent, or both, in the S familiar with, and accept the of	tate of Florida. Such chang	ie was authorize	d by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	f chang pointme	ging its registered ent as registered		

SIGNATURE Signature, typud or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PTD TITLE 1.1 TITLE NAME **WERLIN. PAUL A** 424 Central Aue 5th Floor St. Pets F1 33701 2112 LONG BOW LN STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition NAME WERLIN, ELIZABETH 22 NAME 424 Central Ave 5th Floor 2112 LONG BOW LN 2.3 STREET ADDRESS STREET ADDRESS St. Pete, F1 33701 **CLEARWATER FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME **STREET ADDRESS** 6.3 STREET ADDRESS

14. Thereby 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 the same legal effect as if made under oath; that I am an officer or director of the coelever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Chapter 607, and attachment with an addires.

6.4 CITY-ST-ZIP