SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072690 (7)

| EMPLO | Y e e Profiles Internation | ONAL, INC. | | | |
|-----------------|---|---|---|---|--|
| | | | | I H erior i de Grad Bark erio A aki a | OJIJ 21 0ki p isio ijisi s ijos aliji ssij aba |
| ļ | | | | | |
| Principal Place | of Business | Mailing Address | | a iddicate old inini diret neill adiet n | ante marre camen erana Arris, fairte Aste IMBe |
| 550 FAIRWAY | DRIVE | 550 FAIRWAY DRIVE | | | |
| SUITE 105B | | SUITE 105B | | | |
| DEERFIELD B | EACH FL 33441 | DEERFIELD BEACH FL 3 | 3441 | | IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | · · · · · · · · · · · · · · · · · · · | 09/15/1995 | 05/17/1996 |
| | ace of Business | 28. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0609146 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | • | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | T | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has pa | |
| 24 | 25 9. Name and Address of Curren | 29 | 30 | Personal Property Tax due June 10. Name and Address of New Re | |
| LI11 | | i Registered Agent | 81 Name | 10. Name Brid Address of New Ac | sgistered Agent |
| | CKS, RANDOLPH E | | OI Marie | | i |
| | FAIRWAY DRIVE | | 82 Street Addre | ess (P.O. Box Number is Not Acceptal | ole) |
| | ITE 105B | | | | |
| DEI | ERFIELD BEACH FL 33441 | | 83 | | |
| ነ | | | 84 City | | 85 Zip Code |
| | | | | | FL 5 21, 5000 |
| 11. Pursuant t | o the provisions of Sections 607.060; egistered agont, or both, in the State | 2 and 607.1508, Florida Statut of Florida, Such change was a | les, the above-named corp- authorized by the corporati | oration submits this statement for the pon's heard of directors. I bereby acce | ourpose of changing its registered |
| agent. I ar | n familiar with, and accept the obliga | itions of, Section 607.0505, Fig | orida Statutes. | oration submits this statement for the join's board of directors. I hereby acce | preno apportantina do registeros |
| SIGNATURE | | | | | |
| | Signature, typed or printed name of registered age | | E: Registered Agent signature require | | DATE |
| 12. | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| TITLE | HUCKS, RANDOLPH E | בין טנונונ | 1.1 TITLE | | |
| NAME | 550 FAIRWAY DRIVE, 105B | | 1.2 NAME | | |
| STREET ADDRESS | DEERFIELD BEACH FL 33441 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VP | | 1.4 CITY-ST-ZIP | | Character |
| TITLE | MACEACHRON, JOHN | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | 550 FAIRWAY DRIVE, 105B | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change L Addition |
| NAME | | | 3 2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | [_] DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| 0.774 07 740 | | | 4.40/7// 07.4/0 | | |

14. I do hereby 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 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 of Block 13 if changed, or on an attachment with an address.

8/21/97 454-428-386

FILED

Aug 26 1997 8:00am

Secretary of State