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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000081802 (7)

**EMPLOYMENT AMERICA CORPORATION** 

Principal Place of Business

1215 WISPER RUN COURT

Mailing Address

1215 WISPER RUN COURT LUTZ FL 33549-8317

## FILED May 07 1997 8:00am Secretary of State



LU12 PL 83940	1	CU12 FL 33549-8317			
				3. Date Incorporated or Qualified 10/25/1995	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business  BONNY BRIDGE	26. Mailing Address DR 26 JV879 BONN	Beines De	4. FEI Number 59-3353320	Applied For
Sulte, Apt.		Suite, Apt. #, etc.	y more or	38 333320	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	=	6. Election Campaign Financing	\$5.00 May Be
23 ORLAN Zip	Country	Zip Zip		Trust Fund Contribution	Added to Fees
24 32824 -	1	29 32826-4119 3	Country  USA	<b>8.</b> This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes  No
	9. Name and Address of Cui	rent Registered Agent		10. Name and Address of New Reg	jistered Agent
ELLI	ROD, MATTHEW D		81 Name	ano 2. Zainea	
1215 WISPER RUN COURT & This is consect			82 Street Address (P.O. Box Number is Not Acceptable)		
	Z FL 33548		AND 2		<b>2</b> .
			83		
			84 City		leel 75 Code
			84 City	<b>/≥</b> 0	FL 22004 4449
Office or re	egistered agentor both, in the St	tate of Florida. Such change was aut	lhorized by the corporation	oration submits this statement for the pu on's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
agent. I ar	n (mital with and accept the of	oligations of, Section 607.0505, Florid	da Statutes. Pay Zeiner		4-1-97
SIGNATURE	Signature, typod or printed name of pistered	Sagont and title it applicable (NOTE: F	Registered Agent signature require	ad whon reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TOLE		Change Addition
NAME	ZEIHER, GARLAND R		1.2 NAME		
STREET ADDRESS		9 Bonny Bridge Dr	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 40224-21	HORUMDO, FL 32824	1.4 CITY - S1 - ZIP		[
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	ELLROD, MATTHEW D		2.2 NAME		
STREET ADDRESS	1215 WISPER RUN CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33546	<u> </u>	2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 THEE		Change Addition
NAME	ZEHER, BARBARA J		3.2 NAME		
STREET ADDRESS	3208 PATTON DR	.=.	3.3 STREET ADDRESS		
CITY-ST-ZIP	INCIANAPOLIS IN 46224-2		3.4. CITY - ST - ZIP		
TITLE		☐ DELFTE	4.1 1111.6		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	<del></del>		5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHTY - ST - ZIP		
44 I do horob	w and its that the information areas	al ad with this fillian dags and a rath.	for the supposed as alabad	14 Casting 440 07(0)(0) Figures Out the	I Constant and a self-contant than

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 or Block 12 or Block 12 or on an attachment with an address.