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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

May 13 1998 8:00am

Secretary of State

531-0300

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089070 (3)

SUITABLE EMPLOYMENT MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address **13700 58TH STREET** 13700 58TH STREET SUITE 208 SUITE 208 CLEARWATER FL 34620 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34620** 3. Date Incorporated or Qualified 11/20/1995 Mailing Address
10460 Koverett Burd # 2. Principal Place of Business Applied For 59-3344465 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be - Petersburg Trust Fund Contribution Added to Fees Zip Country 30 timellas 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAUNOOKE, ROBERT O indemann 13700 58TH STREET 82 **SUITE 208** 83 **CLEARWATER FL 34620** 64 leanwater 11. Pursuant to the provisions of Seconfice or registered agent, of agent. I am familiar with, and a okuns 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered copy in purpose of the purpose of changing its registered copy in the purp Sharon Lindemann FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DIFFCTOL DELETE TITLE 1.1 TITLE LINDEMANN, SHARON O NAME 1.2 NAME 13700 SOTH STREET, SUITE 200 10460 ROSSEVE STREET ADDRESS 1.3 STREET ADDRESS 60C # 202 CITY-ST-ZIP 1.4 CITY-ST-ZIP clasions DELETE TITLE 21 TITLE Change Addition 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CiTY-ST-ZiP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if charged, or or an attachment with an address.