## 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 # P9600004817 (8)

FIRST CAREER CORP.

Principal Place of Business
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Mailing Address

FILED Feb 06 1997 8:00am Secretary of State

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2600 N MILITARY TRAIL. SUITE 270 BOGA RATON FL 33431		2600 N MILITARY TRAIL. SUITE 270 BOCA RATON FL 33431-6330					
				3. Date Incorporated or Qualified 01/16/1996	Sa. Date of Last Report		
2. Principal Pl	ace of Business	2a. Mailing Address			Applied For		
21	h _1_				Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		\$8.75 Additional Fee Required		
City & State	9	28 RELIEVO F	<del>_</del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25		Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No		
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent		
2600	in, Jeffrey G O n Military Trail, Suite 2 Ca Raton Fl 33431	70		Address (P.O. Box Nimber is Not Acceptate	85 Zip Code		
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.							
SIGNATURE	Signature, type d or g inter name of rejistered	agent and title if applicable (NOTE:	Registered Agent signature	required when reinstating)	17/97 DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE		C. Change D. Addition 3		
NAME	klein, jeffrey g		1.2 NAME	KIEM JEGIZE STREET	·		
STREET ADDRESS				6020 NW 01 3110	2007		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		3007		
TITLE		☐ DELETE	21 TITLE	PRESIDENTI DRECTUR			
NAME			2.2 NAME	Chuck Mc Connego			
STREET ADDRESS			2.3 STREET ADDRESS	192 Lexinghen A	40.00		
CITY - ST - ZIP			2. 4 CITY+ST-ZIP	New YORK, MY.	10016		
TITLE		☐ DELETE	31 TITLE	THESTURER / VIA GL	Change Addition		
NAME			32 NAME	JOY CEXINATA A	he.		
STREET ADDRESS			3 3 STREET ADDRESS	wew YUAR MY /	00/6		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	,			
TITLE		L] DELETE	4.1 THTLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		El pricer	4.4 CITY - ST - ZIP		D Cooco D Littliffo		
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			52 NAME	<u>.</u>			
STREET ADDRESS			5.3 STREET ADDRESS	1			
CITY-ST-ZIP		Therete	5.4 CITY - ST - ZIP		Chance		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		1		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	And in Cratica 440 07(0)(i) Florida Statuta	I fought a south that the		

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 cath; that I am an officer or director of the corporation of the rejeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed from an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 212-678-8360