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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021958 (9)

FILED May 07 1997 8:00am Secretary of State

	IVENTION EMPLOYMENT SE	ERVICES, INC.		((40 14) 20 414 1100)	21 0-10 10:10:1	. (8) (8P)
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Principal Place	of Business	Mailing Address		1004/00/148/05/00/14/18/06/14/18/	i adini bolio irodi i	ITELE POTET BILE	10(1 TO)
3832 SUTTON PLACE #1010 10151 UNIVERSITY BLVD. WINTER PARK FL 82792 SUITE 152			. }				
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		ORLANDO FL 32817-1904					
				 Date incorporated or Qualifi 03/08/1996 	ed 38. Da	te of Last R	eport
9 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		1 145	plied For
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Zip 22 -	Country	Zip	Country	8. This corporation has liability			199.032,
24 367	192 25 Ordinger		30	Florida Statutes		No_	
	9. Name and Address of Current	Registered Agent	91 11-	10. Name and Address of Nev	Hegistered A	Agent	
	ES, RACHEL		81 Name RAC	chal Jowes			
	SUTTON PLACE #1010		82 Street Add	tress (P.O. Box Number is Not Acce Suffer 1 1000 Blvd	otable)	~0	
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TI. Pursuani i	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the above-hamed col	rporation submits this statement for t	ne purpose or	changing it	s registered
Office or re	egistered agent, or both, in the other o	il Florida. Such change was at	uthorized by the corpora	ation's board of directors. I hereby a	ccept the appo	ointment as	registered
office or re agent. I ar	m familiar with, and accept the obligation	l Florida. Such change was at ions of, Section 607.0505, Flor	ulhorized by the corpora rida Statutes.	ation's board of directors. I hereby a	ccept the app	ointment as	registered
SIGNATURE				ation's board of directors. I hereby a		ointment as	registered
SIGNATURE	Signature, typed or printed name of registers diagont	and tope if applicable (NOTE	ulhorized by the corporation Statutes. Registered Agent signature requirements.	ation's board of directors. I heroby a	DATE	· · · · · · · · · · · · · · · · · · ·	
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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 13 if changed, or of an attachment with an address.