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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025347 (1)

RECRUITER'S CHOICE, INC.

Principal Place of Business

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Mailing Address

17048 CROSSGATE DR JUPITER FL 33477 17048 CROSSGATE DR

FILED Apr 24 1998 8:00am Secretary of State



JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>03/21/1996</u> Applied For 2. Principal Place of Business 2a. Mailing Address 26 PO Box Not Applicable 21 65-0652541 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Jupiter, City & State \$5.00 May Be 6. Election Campaign Financing FL23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33468-8447 24 25 Personal Property Tax due June 30. XX Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER CHARTERED** <u>Abe Bober</u> 343 ALMERIA AVENUE 82 Street Address (I O. Box Number is Not Acceptable) 17048 Crossgate Drive CORAL GABLES FL 33134 83 84 City 33499 Jupiter 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 Statu 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. 1116/98 abc President Abe Bober SIGNATURE ired when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change PSTD DELETE Addition TITLE 1.1 TITLE BOBER, ABE NAME 1.2 NAME 17048 CROSSGATE DR STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 T(T),E NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 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 Addition DELETE Change TITLE 61 TITLE

14. Thereby certify that the information supplied with this filling 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 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 on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.2 NAME

and and and

NAME

STREET ADDRESS

CITY-ST-ZIP

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