

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

FILED  
Jun 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000031156**  
1. Corporation Name  
**EXECUTIVE TRANSITIONS, INC.**

Principal Place of Business Mailing Address  
**210 NORTH UNIVERSITY DRIVE  
SUITE 503  
CORAL SPRINGS, FL 33071**

2. Principal Place of Business 21 <b>210 N. UNIVERSITY DR.</b> Suite, Apt. #, etc. 22 <b>503</b> City & State 23 <b>CORAL SPRINGS, FL</b> Zip 24 <b>33071</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>210 N. UNIVERSITY DR.</b> Suite, Apt. #, etc. 27 <b>503</b> City & State 28 <b>CORAL SPRINGS, FL</b> Zip 29 <b>33071</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>APRIL 4, 1996</b>	3a. Date of Last Report <b>N/A</b>	4. FEI Number <b>05-0657442</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees		
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**DONALD JARDINE  
1901 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALD JARDINE</b>	
STREET ADDRESS	<b>1901 CLASSIC DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DONALD JARDINE</b>	
STREET ADDRESS	<b>1901 CLASSIC DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALD JARDINE</b>	
STREET ADDRESS	<b>1901 CLASSIC DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>MICHELLE M. HALLAUER</b>	
13 STREET ADDRESS	<b>11205 W. ATLANTIC BLVD #204</b>	
14 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
21 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>MICHELLE M. HALLAUER</b>	
23 STREET ADDRESS	<b>11205 W. ATLANTIC BLVD #204</b>	
24 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**100002213121**  
**-06/16/97--01116--001**

**\*\*\*550.00**

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 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.

SIGNATURE **Michelle M. Hallauer** MICHELLE M. HALLAUER 6/9/97 (954) 341-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3527

CR2E034 (9/96)