

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000031156 (8)

1. Corporation Name

EXECUTIVE TRANSITIONS, INC.



Principal Place of Business

210 N. UNIVERSITY DR  
503  
CORAL SPRINGS FL 33071

Mailing Address

210 N. UNIVERSITY DR  
503  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

2. Principal Place of Business

21 11205 W. ATLANTIC BLVD #204

Suite, Apt. #, etc.

22 #204

City & State

23 CORAL SPRINGS, FL

Zip

24 33071

Country

25 BROWARD

2a. Mailing Address

26 11205 W. ATLANTIC BLVD

Suite, Apt. #, etc.

27 #204

City & State

28 CORAL SPRINGS, FL

Zip

29 33071

Country

30 BROWARD

4. FEI Number

65-0657442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JARDINE, DONALD C  
1901 CLASSIC DR.  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name  
MICHELLE HALLAUER  
82 Street Address (P.O. Box Number is Not Acceptable)  
11205 W. ATLANTIC BLVD  
83 #204  
84 City  
CORAL SPRINGS FL  
85 Zip Code  
33071

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

Michelle M Hallauer

3/21/98

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 ☒ DELETE

NAME  
JARDINE, DONALD C  
STREET ADDRESS  
1901 CLASSIC DR.  
CITY-ST-ZIP  
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME  
HALLAUER, MICHELLE M  
STREET ADDRESS  
11205 W. ATLANTIC BLVD #204  
CITY-ST-ZIP  
CORAL SPRINGS FL 33071

TITLE ☒ DELETE

NAME  
JARDIN, DONALD  
STREET ADDRESS  
1901 CLASSIC DRIVE  
CITY-ST-ZIP  
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME  
HALLAUER, MICHELLE  
STREET ADDRESS  
11205 W. ATLANTIC BLVD #204  
CITY-ST-ZIP  
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
PRESIDENT  
MICHELLE HALLAUER  
1.3 STREET ADDRESS  
11205 W. ATLANTIC BLVD #204  
1.4 CITY-ST-ZIP  
CORAL SPRINGS, FL 33071

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 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 Hallauer 3/21/98 1954/341-10681

CR2E034 (10/97)