

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000060509 (2)**

1. Corporation Name  
**HIRE POWER GROUP, INC.**

Principal Place of Business

**1201 W CENTRAL BLVD  
ORLANDO FL 32805**

Mailing Address

**PO BOX 1926  
CHANDLER AZ 85284**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/17/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

**59-3391578**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

**WILLIAMS, SUZANNE  
1201 W CENTRAL BLVD  
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name **Pearline Oliver**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 W. Central Blvd.**

83

84 City **Orlando** FL 85 Zip Code **32805**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE **Pearline Oliver**

(NOTE: Registered Agent signature required when reinstating)

**2/24/98**

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE  
NAME **JUSSEAYME, ROGER J**  
STREET ADDRESS **1125 VEGAS VALLEY DR.**  
CITY-ST-ZIP **LAS VEGAS NV**

TITLE **V** ☐ DELETE  
NAME **YELLING, WILLIAM J**  
STREET ADDRESS **2405 LARCHMOOR PARKWAY**  
CITY-ST-ZIP **CANTON OH**

TITLE **V** ☐ DELETE  
NAME **SCHOFIELD, MICHAEL J**  
STREET ADDRESS **1414 E. APPALOOSA CT.**  
CITY-ST-ZIP **GILBERT AZ**

TITLE **ST** ☐ DELETE  
NAME **CARLSON, RICHARD E**  
STREET ADDRESS **901 W. BARBADOS DR.**  
CITY-ST-ZIP **GILBERT AZ**

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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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: **Richard E Carlson, Treasurer**

**3/3/98 (602) 820-1234**

CR2E034 (10/97)