

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

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90012 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000072893

1. Corporation Name
CAREERSHOP.COM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 6355 METRO W BLVD
 STE #260
 ORLANDO FL 32835
 US

Mailing Address
 6355 METRO W BLVD
 STE #260
 ORLANDO FL 32835
 US

3. Date Incorporated or Qualified
08/26/1996

4. FEI Number
59-3397901

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 the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
MCARDLE, JAMES M
4606 WOODLANDS VILLAGE DR
ORLANDO FL 32835

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCARDLE, JAMES M	1.2 NAME	Ed Sapone, Sr.
STREET ADDRESS	4606 WOODLANDS VILLAGE DR	1.3 STREET ADDRESS	134 Jefferson St., Rear
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Greensburg, PA 15601
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, PAUL	2.2 NAME	Bruce Wilford
STREET ADDRESS	312 DAVIDS LN	2.3 STREET ADDRESS	5101 N.W. 21st Ave, #350
CITY-ST-ZIP	RICHMOND VA	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CECIL	3.2 NAME	Richard Tami
STREET ADDRESS	9717 OLD COUNTRY TRACE	3.3 STREET ADDRESS	6355 Metrowest Blvd #260
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JULIAN	4.2 NAME	
STREET ADDRESS	2571 CHAIN BRIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *James M. McArdle* **RECEIVED** 1-4-99 407-291-8550 x113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)