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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # DOCODOO 1054 (0)					
	Tr 1 4 CAT 1 1 C	0081254 (0)			
EXECU	TIVE REFERRALS, INC.			I ABBAIRBA DIA BAKA BIKAI BBAHI BBAKA B	NATI ARTO I IRIAN HOLD HORD ROPH RIPH ROPH
Principal Plac	o of Purinase	Mailing Address			
Principal Place of Business		ű			
13700 PARK BLVD. SEMINOLE FL 33776		13700 PARK BLVD. SEMINOLE FL 33776			
				3. Date Incorporated or Qualified	IN THIS SPACE
				9. Date incorporated or Qualified 09/30/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3404229	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional
22		27		5. Gorindae di Cialda Danied	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution 8, This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
	g. Name and Address of Curre			10. Name and Address of New Re	
НО	PETER T		81 Name	Rigures Lane	
8640 SEMINOLE BLVD.			82 Street	Address (P.O. Box Number is Not Accepte	ble)
SEMINOLE FL 33772				13700 PARK 131	LVD N
			83	SETHINGLE	
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes, the above-named	corporation submits this statement for the	purpose of changing its registered
office or o	registered agent, or both, in the Stat im fagriffer with, and accept the obje	e of Florida. Such change was	authorized by the cor	poration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Wirlia do	Cano - VP	enda enarones.	4	1-27-98 DATE
SIGNATURE	Signature, typed or printed name of replaces is		II. Hegistered Agent signatur		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAMÉ	D Hofstra, Peter T	L DECT IE	1.1 TITLE 1.2 NAME	PRESIDENT/DIRECTOR	Charge Addition
STREET ADDRESS	8640 SEMINOLE BLVD.		1.3 STREET ADDRESS	13700 PARK BLUP, N.	
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CHY-ST-ZIP	SEMINOLY FL 33776	
TITLE		DELETE	21 TITLE	VP/S/T/C/D	☐ Change ☒ Addition
NAME			2.2 NAME	RICHARD LANE	·
STREET ADDRESS			2.3 STREET ADDRESS	13700 PARK BLUON	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	SEMINOLE FL 33776	
TITLE		[_] DH ETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
CITY-ST-ZIP			3.4. CITY-ST-ZiP		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Lij pecate	6.2 NAME		La Samigo La Fredition
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied	with this filing does not qualify t		ed in Section 119.07(3)(i). Florida Statutes.	further certify that the information

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 early that I am an officer or director of the corporation of the receiver or frustee 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: PLANANT Dans

4-27-98

813-398-9900

CR2E034 (10/97)