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Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000084932 (8)

1. Corporation Name  
TRANSITION TALENT, INC.

Principal Place of Business  
520 S.W. 5TH AVENUE  
FT LAUDERDALE FL 33315

Mailing Address  
520 S.W. 5TH AVENUE  
FT LAUDERDALE FL 33315-1022



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 520 SW 5th Ave.		26		10/11/1996		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0731037		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 FT. LAUDERDALE FL		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		<input type="checkbox"/>	
24 33315		25 USA		29		30	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALLBERG, WENDY S ESQ.  
1918 HARRISON ST.  
SUITE 101  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE 4/14/97  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCMURDO, THOMAS J	1.2 NAME	
STREET ADDRESS	520 S.W. 5TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33315	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	ESSER, MAUREEN S	2.2 NAME	
STREET ADDRESS	520 S.W. 5TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33315	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	ESSE, CURT A	3.2 NAME	
STREET ADDRESS	520 S.W. 5TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33315	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: \_\_\_\_\_ DATE 4/14/97 DAYTIME PHONE # 954-544-4154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)