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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600086005 (1)

CAREERS, INC.

## FILED May 02 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address	`					
1999 WEST COI ORLANDO FL 3		1999 WEST COL ORLANDO FL 32						
					3. Date Incorporated or Qualified	3a. Date of	Last Re	port
<b>A B C C C C C</b>		1.60 44.00 6.00			10/17/1996 4. FEI Number	<u> </u>	- 1	. Carl Ear
	lace of Business	<b>2a.</b> Mailing Add	iess		59- 34079Z4			plied For LApplicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.		CO 75 Additional			
22		27	——————————————————————————————————————		5. Certificate of Status Desired		Fee Re	
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$	5.00	May Be
23		28	28		Trust Fund Contribution	Added to Fees		
Zip			Zip Country		8. This corporation has liability for it	_ ' 🔾		
25		29	30		Florida Statutes Yes X No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agen	t	
BIRK	INBINE, CURTIS E			81 Name	IRKINBINE, DORIS J.			
1999 WEST COLONIAL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)								
ORL	ANDO FL 32804				RLANDO, FL 32804			
				84 City	ALAMPO, IL SZGO4	pm., 85	Zip C	Code
						FL  °°	L.,.	
11. Pursuant t	to the provisions of Sections 607.( ealstered eacht, or both, in the St	0502 and 607.1508, Flor ate of Horida. Such char	da Statutes, the a nge was authorize	above-named corp ad by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of char of the appointm	nging its nent as i	registered registered
agent. I a	m far-littar with, and accept the ob	oligations of Section 607	.0505, Florida Sta	atutes.	11	110-	<b>ー</b>	
SIGNATURE	Dous Lu	resserve	·	ed Agent signature requi	7	7-7		
12.	Signature, typed or printed name of registered	AND DIRECTORS	(NOIE Hegisien		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	S IN 12
TITLE	PTD DELETE			INTLE			Change	Addition
NAME	BIRKINBINE, DORIS RIS			NAME			_	
STREET ADDRESS	4136 PLAYERS CIRCLE		1.3 \$					
CITY-ST-ZIP	ORLANDO FL 32808		1.4.0	DITY-ST-ZIP				
TITLE	SVD			IITLE		(	Change	Addition
NAME	BIRKINBINE, CURTIS E		2.2 N					
STREET ADDRESS	4136 PLAYERS CIRCLE		2.3 \$					
CITY-ST-ZIP	ORLANDO FL 32808		2 4 0					
TITLE			ELETE 311	TITLE			Change	Addition
NAME			321	NAME				
STREET ADDRESS			335	STREET ADDRESS				
CITY-ST-ZIP			3 4.	City-St-ZiP				
TITLE		<u> </u>	ELETE 41	TITLE			Change	Addition
NAME			4 2	NAME				
STREET ADDRESS			4.3 9	STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			DELETE 5.1	TITLE			Change	Addition
NAME			5.21	NAME				
STREET ADDRESS			5.3	STREET ADDRESS				
CITY-ST-ZIP			5.4	CITY-ST-ZIP			· ··· ··· · · · ·	
TITLE			DELETE 6.1	TITL€			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET ADDRESS				
CITY-ST-ZIP			6.4	CHY-S1-ZIP				
14. I do here	by certify that the information sup	plied with this filing does	not qualify for the	e exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further cert	ify that	the