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Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P96000101343 (7)**

1. Corporation Name
EPS CAREER NETWORK, INC.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DRIVE NORTH **SUITE 210 BOX 10** **JACKSONVILLE FL 32216**	**6620 SOUTHPOINT DRIVE NORTH** **SUITE 210 BOX 10** **JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: **12/16/1996**	
21	26	4. FEI Number: **59-3422302**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
SMITH, D. LAMAR ESQ. **6620 SOUTHPOINT DRIVE NORTH** **SUITE 210 BOX 10** **JACKSONVILLE FL 32216**	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 D Lamar Smith 4/26/98
Signature, Type or printed name of Registered Agent (NEW Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD** ☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	**PICO-SMITH, ELLIA**	1.2 NAME	Jimenez, Tomas
STREET ADDRESS	**6620 SOUTHPOINT DRIVE NORTH, #210 BOX 10**	1.3 STREET ADDRESS	1301 Riverplace Blvd., Ste 2554
CITY-ST-ZIP	**JACKSONVILLE FL 32216**	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	**CD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**SMITH, D. LAMAR**	2.2 NAME	(Director) - title of Jonas Jimenez
STREET ADDRESS	**6620 SOUTHPOINT DRIVE NORTH, #210 BOX 10**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL 32216**	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME		4.2 NAME	6/6/23
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100012500013
STREET ADDRESS		6.3 STREET ADDRESS	-06/23/98--01020--024
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

Ellia Pico Smith 4/26/98