

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morlham</b> , Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000104467 (1)**

1. Corporation Name

**HUMAN RESOURCES INNOVATIONS, INC.**

Principal Place of Business

**300 S.E. MIZNER BLVD  
SUITE 906  
BOCA RATON FL 33432**

Mailing Address

**300 S.E. MIZNER BLVD  
SUITE 906  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1996**

4. FEI Number

**65-0719631**

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 1655 The Greens Way**

**26 1655 The Greens Way**

**22 Suite, Apt. #, etc. 2621**

**27 Suite, Apt. #, etc. 2621**

**23 City & State Jacksonville Beach, FL**

**28 City & State Jacksonville Beach, FL**

**24 Zip 32250 Country U.S.A.**

**29 Zip 32250 Country U.S.A.**

9. Name and Address of Current Registered Agent

**HOPE, INGRID L  
300 S.E. MIZNER BLVD  
SUITE 906  
BOCA RATON FL 33432**

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

*Ingrid L. Hope*  
Signature, typed or printed name of registered agent and title if applicable

**Ingrid L. Hope President**

DATE

**3/2/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME HOPE, INGRID L  
STREET ADDRESS 300 S.E. MIZNER BLVD STE 906  
CITY-ST-ZIP BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*Ingrid L. Hope*  
Signature, typed or printed name of signing officer or director

**3/12/98 (904)  
273-8282**

CP2E034 (10/97)