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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000003019 (1)

HUMAN RESOURCES UNLIMITED, INC.

FILED Apr 29 1998 8:00am Secretary of State



Driverte el Diese	10	Maria and Antalana				ugius (113) ug iu) kaju (9)1 isal
Principal Place of Business Mailing Address						
2504 MAHOGANY PLACE 2504 MAHOGANY PLACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL			1 20410			
PALM BEACE	H GANDENS FL 33416	PALM BEACH GARDENS F	L 33418		DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	
					01/06/1997	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 707 CHILINGWOLTH DR 26					650754047	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.				\$8.75 Additional
22 3	شو	27			5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 WPB	, FL	28			Trust Fund Contribution	Added to Fees
Zip	400 Country	Zip	Country	,	8. This corporation owes or has paid the	current year Intangible
24 33	709 25 USA	29	30		Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent
WI	INIG, STEVEN L		81	Name		
1601 FORUM PLACE				Stroot Andal	roce (B.O. Boy Number in Not Association	· · · · · · · · · · · · · · · · · · ·
SUITE 404			82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
W PALM BEACH FL 33401			83			
**	TAGM BENOTITE 03401					
			84	City		85 Zip Code
agent I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes	S	tion's board of directors. I hereby accept the a	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELE te	1.1 TITLE			Change Addition
name	ZIMMERMAN, EVAN		1 2 NAME			
STREET ADDRESS	- 2504 MAHOGANY PLACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		14 CITY-S	T-ZIP		····
TITLE	1	☐ DELETE	21 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME	}		
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	<u></u>		2 4 CITY-5	3T - ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	address	•	
CITY-ST-ZIP			3.4 CITY-5	915 - Ti		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1 - 21P		
TITLE		DELE te	6.1 717LE			Change Addition
NAME			6.2 NAME]		
STREET ADDRESS			6 3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		

14. I hereby certify that the information supplied with this filing does not quality 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 another 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.