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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

DOCUMENT # P9700006672

1. Corporation Name

CAREER LIFELINE, INC.

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90113 049 \*\*\*150.00



		Mailian Address				[ [BBIGBO (10 1911) 1904] MBIN BBIG BBIG BBIG BBIG BBIG 1904)			
Principal Place	e of Business	Mailing Address				•			
3000 GULF TO	BAY BLVD.	3000 GULF TO BAY BLVD.							
SUITE 209 CLEARWATER FL 33759		SUITE 209 CLEARWATER FL 33759		1	DO NOT WRITE IN THIS SPACE				
CLEANWATER F	L 33/39	CLEARWAILE FE 33/33			3. Date Incorp	3. Date Incorporated or Qualifed			
					01/22/199	97			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21	26				59-34319	28		Not Applicable	
Suite Ant # etc Suite, Apt. #, etc		Suite, Apt. #, etc.					\$8.7	5 Additional	
22 Saite 215 27 Suite 215				-	. 5. Certificate of	Status Desired .	Fee	Required ~	
City & State City & State				6. Election Campaign Financing S5.0		00 May Be			
23	28				Trust Fund Contribution Added to Fees				
Zip	Country		Country	<del></del>	8. This corpora	ation owes the current year	Intangible		
24	25	29 30			Personal Pr	operty Tax.	☐ Yes	<b>☑</b> No	
27	9. Name and Address of Current	<u> </u>			10. Name and	Address of New Register	ed Agent		
Of the control of the					81 Name				
MOO	N, RALPH E JŘ		-	Chroat	Address (D.O. Bay No-	ress (P.O. Box Number is Not Acceptable)			
3576	FAIRWAY FOREST DRIVE	82 Street Ac			Address (P.O. Box Nun	iber is Not Acceptable)			
PALA	A HARBOR FL 34685			83					
					<u></u>				
			84	City		F	85	Zip Code	
44 D	to the provisions of Sections 607.0502	and 607 1509. Elected Statutes th	e abov	o.named (	corporation submits this	s statement for the purpose	of changin	a its registered	
l office or r	egistered agent, or both, in the State om familiar with, and accept the obligati	i Florida. Such change was author	ızea by	the corpo	oration's board of direct	ors. I hereby accept the ap	pointment a	s registered	
SIGNATURE						DATÉ			
<u>-</u>	Signature, typed or printed name of registered agent			nt signature re	equired when reinstating)	CHANGES TO OFFICERS	AND DIRE	CTORS IN 12	
12.	OFFICERS AND		13.		President.		Cha		
TITLE	D DALBUE ID				Allen M. B	John			
NAME	MOON, RALPH E JR		1.2 NAME		7 - CHICA	to Bay Blud -	54.21	<b>~</b>	
STREET ADDRESS	3576 FAIRWAY FOREST DRIVE				SOOD CHIT	r FL 3375	20	•	
CITY-ST-ZIP	PALM HARBOR FL 34685		I.4 CITY-S	T-ZIP	Clearward	F FL 2213	<b>&gt;7</b> ┌│Cha	nge Addition	
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NAME		2	2.2 NAME						
STREET ADDRESS		<b>1</b> 2	2.3 STREE	TADORESS					
CITY-ST-ZIP			2. 4 CITY-1	ST-ZIP		<del></del>	——————————————————————————————————————	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME		_ 3	3.2 NAME						
STREET ADDRESS		3	3.3 STREE	T ADDRESS					
CITY-ST-ZIP	_	i	3.4. CITY-1	ST-ZIP					
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NAME	1	4	1. 2 NAME	İ	i				
STREET ADDRESS		4	4.3 STREE	T ADDRESS					
CITY-ST-ZIP		4	4.4 CITY+S	iT-ZIP					
TITLE			5.1 TITLE				Cha	nge Addition	
NAME			5.2 NAME		,	•			
STREET ADDRESS		į.	5.3 STREE	T ADDRESS					
		•	5.4 CITY-S						
CMY-ST-ZIP	<del> </del>		6.1 TITLE		-		Cha	nge Addition	
l			6.2 NAME						
NAME		I		TADDRESS					
STREET ADDRESS			6.4 CITY-S						
CITY-ST-ZIP	∤ .	<b>.</b>	v.4 GH 1-4	, 1-4E	1				

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 with all other like empowered.

**SIGNATURE:**