

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021413 (4)
 1. Corporation Name
ALLIED RECRUITERS OF AMERICA, INC.



Principal Place of Business 2691 EAST OAKLAND PARK BLVD. STE 201 FORT LAUDERDALE FL 33306	Mailing Address 2691 EAST OAKLAND PARK BLVD. STE 201 FORT LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1997

21. Principal Place of Business 2727 E. Oakland Park Blvd.	26. Mailing Address 2727 E. Oakland Park Blvd.
22. Suite, Apt. #, etc. Suite 300	27. Suite, Apt. #, etc. Suite 300
23. City & State Fort Lauderdale FL	28. City & State Fort Lauderdale, FL
24. Zip 33306	25. Country USA
29. Zip 33306	30. Country USA

4. FEI Number 65-0741236	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BELLEHUMEUR, DENNIS W
2691 EAST OAKLAND PARK BLVD. STE 201
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2727 E. Oakland Park Blvd.
83	Suite 300
84 City	Fort Lauderdale FL
85 Zip Code	33306

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLEHUMEUR, DENNIS W	
STREET ADDRESS	2691 EAST OAKLAND PARK BLVD. STE 201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Schultz, Barry E.	
STREET ADDRESS	2691 E. Oakland Park Blvd. Ste 201	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2727 E. Oakland Park Blvd. Ste 300
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schultz, Barry E.
2.3 STREET ADDRESS	2727 E. Oakland Park Blvd. Ste 300
2.4 CITY-ST-ZIP	Fort Lauderdale FL 33306
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____

CR2E034 (10/97)