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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000022048**1. Corporation Name

HIRE INSPIRATIONS, INC.

Principal Place of Business 2101 CRPRATE BLVD.. SUITE 212 Mailing Address

2101 CRPRATE BLVD., SUITE 212 BOCA RATON FL 33431

## **FILED** Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90130 032 \*\*\*150.00



BOCA RATON FL 33431		BOCA HATON PL 35451		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					03/11/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21		26		65-0734820		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	_//
24	25		30		Personal Property Tax.		<b>12</b> No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Register	ed Agent	
RD∩	OKS DAVID		181	Name	. `		
BROOKS, DAVID 2101 CORPORATE BLVD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
STE 212			83				
BOCA RATON FL 33431			83	·			
500	A 1811011 1 2 00101		84	City		85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the purpose	e of changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	ot Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	jistered
-	it latilital with, and accept the obliga	nona or, occupii oor.oooo, i ion	aa otatatoo	•			
SIGNATURE	Signature, typed or printed name of registered agei	at and title if applicable. (NOTE: R	Registered Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 TITLE		•	Change	Addition
NAME	BROOKS, SUSAN E		12 NAME				į
STREET ADDRESS	2101 CORPORATE BLVD STE	212	1.3 STREET	TADDRESS			}
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-8	T-ZIP		☐ Change	☐ Addition
TITLE	VSD	☐ DELETE	2.1 TITLE			L] Change	☐ ¥00;toii
NAME	BROOKS, DAVID		2.2 NAME		# +		
STREET ADDRESS	2101 CORPORATE BLVD STE	212	2.3 STREE		بمسيد سيود بدا الما	man and an in-	a .
CITY-ST-ZIP	BOCA RATON FL 33431	□ pricte	2. 4 CITY-S	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			C] orango	
NAME			3.2 NAME	* *******			)
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP		DELETE	3 4. CITY- S 4.1 TITLE	ST-ZIP		[] Change	Addition
TITLE		C OCCETE	4.7 ITTLE				
NAME				TADDDEES			
STREET ADDRESS			4.3 STREE		:		}
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-219		[1] Change	Addition
TITLE		C DEFEIG	5.2 NAME				_
NAME			5.3 STREE	T ADDRESS			· •
STREET ADDRESS			5.4 CITY-S			5 5 47 5	· . ]
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition
1116		<u> </u>	62 NAME			e v	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP