## . FLAE 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 # P97000038812 (8)

DEAN SEARCH CONSULTANTS, INC.



98 JAN -9 PM 12: 1:1



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Principal Place of Business Mailing Address									T HORIEBEN DER IDENE HODEN ODEN DONN DONN DANN DREED FINDN ABSÅR ANDER HIDN 1000 1
1017 RIDGEWOOD STREET 1017 RIDGEWOOD STREET									
ORLANDO FL 32803					ORLANDO FL 92803				DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
									05/01/1997
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21					26				Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22					27				Fee Required
City & State					City & State				6. Election Campaign Financing \$5.00 May Be
23					28				Trust Fund Contribution Added to Fees
	Zip Country			-	Zip Country			•	8. This corporation owes or has paid the current year Intangible
24	25 25 A Name and Address of Current				29 30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
9, Name and Address of Current Registered Agent							81 Name		
AMERILAWYER CHARTERED									
343 ALMERIA AVENUE								Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134							83		
						_			
						[	84	City	FL 85 Zip Code
11. Pursuant t	o the provisi	ons o	f Sections 607 0502	and (	607.1508, Florida Statut	es, the ab	ονέ	e-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. Lar	agıstered agı m <b>fam</b> iliar wit	ent, o lh, an	d accept the obliga	tions c	of, Section 607.0505, Flo	orida Statu	ites	r ine corporat S.	tions board or directors. Thereby accept the appointment as registered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE:							Registered Agent signature requi		
12.	PTD		OFFICERS AND	DIHE	DELETE	13. 1.1 I (I			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE		VNI	A A						C change C restrict
NAME STREET ADDRESS	DEAN, LYDIA A ss 1017 RIDGEWOOD STREET						1.2 NAME 1.3 STREET ADDRESS		
	ON MINO PLANTO							1	
CITY-ST-ZIP TITLE	SVD	<del>50 1</del>	L 02000		DELETE	1.4 CIT 2.1 TIT		1-211	☐ Change ☐ Addition
NAME	DEAN,	ЮНИ	18			2.2 NA			4000024026342 -01/16/9801021011
STREET ADDRESS	AAAT DIDAGUIAAD ATORET							ADDRESS	-01/16/9801021011
	ORLANDO FL 32803				2.40			į.	****150,00 ****150.00
CITY-ST-ZiP TITLE	- VIII	-	F OFFICE		DELETE	3.1 TIT		11-211	Change Addition
NAME						3.2 NAI			
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP						3.4. Cf			
TITLE					DELETE	4.1 TIT		4-11	☐ Change ☐ Addition
NAME					-	4. 2 NA			_ , _
STREET ADDRESS					4.3 ST			ADDRESS	
CITY ST-2IP				4.4 CITY-			- 1		
TITLE				<b>,</b> ,	☐ DELET <b>E</b>	5.1 THI			Change Addition
NAME					5.2 NA	ME		// <i>Al/U</i>	
STREET ADDRESS							ADDRESS	Vi alm	
CITY-ST-ZIP					5.4 CITY-ST			A. alaw Change Addition	
TITLE	<del></del>				DELETE	6.1 TiTi			( ) ( ) / /   ( ) Addition
NAME						6.2 NA	ME		
STREET ADDRESS						6.3 STF	REET	ADDRESS	
CITY-ST-ZIP						6.4 CIT			

14. 1 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 ennual report or suppliemental 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.