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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthäi#

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000040709 (2)

PROFESSIONAL PLACEMENTS, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
8222 WILES ROAD. STE. 243 B222 WILES ROAD. STE. 243							
CORAL SPRINGS FL 33067		CORAL	CORAL SPRINGS FL 33067				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							05/05/1997
2. Principal P	lace of Business	2a. Mailing	Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For
21		26	-				(5-0750 957 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22		27	ન				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution
Zip	Country	Zip		Coun	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	it Registered A	gent		1		10. Name and Address of New Registered Agent
8	SENNELLO, GENDRA K				B 1	Name	
	222 WILES ROAD, STE. 243				82	Street Ad	Address (P.O. Box Number is Not Acceptable)
	ORAL SPRINGS FL 33067						
•] [63		
•				ļ.,	64	City	85 Zip Code
i	•					•	FL
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	Signature, typed or printed name of registered age	nt and the if applicat	ole (NOTE:	Registered	Age	nt signature re	required when reinstating) DATE
12.	OFFICERS AN		·····	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITU	LE		Change Addition
NAME	SENNELLO, GENDRA K			1.2 NAM	ME		
STREET ADDRESS	4917 RIVERSIDE DRIVE			1.3 STR	REET.	ADDRESS	·
CITY-ST-ZIP	CORAL SPRINGS FL 33067			1.4 CIT	Y-\$1	T-ZIP	
TITLE			DELETE	2.1 T(T)	LE		☐ Change ☐ Addition
NAME				2.2 NA	ME	1	
STREET ADDRESS				2.3 STR	REET	ADDRESS	
CITY-ST-ZIP				2. 4 CI1	TY-S	T-ZIP	
TITLE			DELETE	3.1 TITU	LE		Change Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 STR	REET	ADDRESS	
CITY-ST-ZIP				3.4. CI1	1Y-S	ST-ZIP	
TITLE			☐ DELETE	4.1 TITI	LE		Change Addition
NAME				4. 2 NA	ME		
STREET ADDRESS				4.3 STR	REET	ADDRESS	
CITY-ST-ZIP				4.4 CIT	Y-S1	T-ZIP	
TITLE			DELETE	5.1 TITI	LE		Change Addition
NAME				5.2 NA	ME		25.a
STREET ADDRESS				5.3 STA	RÉET	ADDRESS	- 2 mily
CITY-ST-ZIP				5.4 CIT			Ø
TITLE			DELETE	6.1 TITI			5000246231-Bange Addition -03/19/9801022035 ***150.00
NAME				6.2 NA		j	-n3/19/98n1022n35
STREET ADDRESS						ADDRESS	***150.00
				6 4 CIT			***************************************
CITY-ST-ZIP	L	20 0 1 CP:					nd in Section 119 07/3/(i) Florida Statutes I further certify that the information

Thereby certify triat the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 to be an attachment with agraddress.