## FILE 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 # P97000043963 (2)

CHATHAM PERSONNEL CONSULTANTS OF JACKSONVILLE, I

Principal Place of Business

Mailing Address

2110 PARK ST

## **FILED** May 01 1998 8:00am Secretary of State



JACKSONVILI		JACKSONVILLE FL 32204			
		THOMOSITICE I'E GEEST		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	$\neg$
				05/21/1997	
	ace of Business	28. Mailing Address	LVCI	4. FEI Number Applied For	$\Box$
21 213			arKSt.	59-3453230 Not Applica	-
Suite, Apt.	#, <del>e</del> lc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	ŀ
22		27		Fee Required	_
City & State	Ksonville FL	City & State  28 Jackson	ille Fl	6. Election Campaign Financing \$5.00 May Be	
23 <u>) a C</u> Zip_	Country	28 Jackson	Country	Trust Fund Contribution	
a <sup>™</sup> 32	and the like	一 ころう フェルト	7 (1. C.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
29	9. Name and Address of Current		,, - (- ),	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
SCHWADER, STEPHANIE Z 81 Name					
2110 PARK ST					
JACKSONVILLE FL 32204			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
WOND WILLE I'E OBLOY			83		
			84 City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named cor	rporation submits this statement for the purpose of changing its register	ad l
office or re	egistered agent, or both, in the State of	l Florida. Such change was auti	horized by the corpora	ation's board of directors. I hereby accept the appointment as registered	j
-	m familiar with, and accept the obligate	ons of, Section 607,0505, Florid	a Statutes.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agent signature requ	uired when reinstating) DATE	-
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	一
TITLE	DPVS	DELETE	1.1 TITLE	☐ Change ☐ Addit	ion
NAME	<b>S</b> CHWADER, STEPHANIE Z		12 NAME		
STREET ADDRESS	2110 PARK ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		1 4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TOLE	Change Addit	ion
NAME	<b>S</b> CHWADER, STEPHANIE Z		2.2 NAME		
STREET ADDRESS	2110 PARK ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		2. 4 CiTY - ST - ZiP		
TITLE		DELETE	3.1 TITLE	Change Addit	ion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addit	on
NAME			4. 2 NAME		- 1
STREET ADDRESS			4.3 STREET ADDRESS		ı
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addit	on.
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addit	on
NAME			62 NAME	ı	ŀ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and first all and a land and a land and a land a la	7000 PART 1000 1 100 100 100 100 100 100 100 100	6.4 CITY - ST - ZIP	0.000 440 07(0)/// 51.004 0.004	$\dashv$
indicated o	on this annual report or supplemental a	annual report is true and accura	ite and that my signati	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ore shall have the same legal effect as if made under oath; that I am an	וח
officer or o	director of the corporation or the receiver Block 13 if changed, or on an attach	er or trustee empowered to exe	ocute this report as rec	quired by Chapter 607, Florida Statutes; and that my name appears in	
DIOUN 12 C	ii Sicon 13 ii Changed, Or on an altach	ment with an address.	<+ 2 m	maie, Z inad.	L