\$ 150.00 hefre s/198

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

**PROFIT** CORPORATION ANNUAL REPORT

1998

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Apr 08 1998 8:00am Sandra B. Mortham Secretary of State

FILED

P97000053908 (4) CREATIVE PERSONNEL SOLUTIONS, INC. Principal Place of Business Mailing Address 901 SWEETBRIAR RD 901 SWEETBRIAR RD ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/18/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEMMER, SANDRA B 901 SWEETBRIAR RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 83 84 City Zip Code 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 registerest agent and title if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE SANORA B. HEMMER PASIVALED Change TITLE 1.1 TITLE Addition 1.2 NAME NAME 901 SWEET BLIAR RD STREET ADDRESS 13 STREET ADDRESS DRIAMO FL 31806 14 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE JOHN C. HEMMER Change TITLE DIL NAME 2.2 NAME 901 BUEST BRIALRO STREET ADDRESS 2.3 STREET ADDRESS DAVANDO FL 31906 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZiP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME

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 supplicmental 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.

**63 STREET ADDRESS** 

STREET ADDRESS

CITY-ST-ZIP

419198