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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064215

HIRE UP, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90053 019 ***150.00



Principal Place of Business Mailing Address 1612 BRIDGEWATER DR. 1612 BRIDGEWATER DR. HEATHROW FL 32746 HEATHROW FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/24/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3459348 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Electic n Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip ₹Ño Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Curren: Registered Agent 81 RHATTIGAN, MICHAEL 82 1612 BRIDGEWATER DR. **HEATHROW FL 32746** 83 Zip Code 32246 84 City 85 11. Pursuant to the provisions of Sections 607.050.2 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 (NO E: Registered Agent signature recuired when reinstating Signature, typed ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change TITLE

☐ Addition RHATTIGĂN, MICHAEL 1.2 NAME NAME 1612 BRIDGEWATER DR. 13 STREET ADDRESS STREET ADDRESS **HEATHROW FL 32746** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE ☐ Change TITLE RHATTIGAN, JEROME L. 22 NAME NAME 1612 BRIDGEWATER DRIVE 2 3 STREET ADDRESS STREET ADDRESS HEATHROW FL 32746 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDF 6SS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDF ESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDLESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDICESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 corpo ation or the receiver or trustee empowered to execute this report as required by Charter 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.

SIGNATURE:

INJUST AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/99

402-333-0333 Daytyme Phone #

CR2E034 (11/98)