## 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 #

1. Corporation Name P97000091418 (8)

THE JOHNSON GROUP EXECUTIVE SEARCH INC.

**FILED** Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						f 1001100; tie fêrit eddit gêtit neitt antif			
12228 N. 56TH	1 8T.	12228 N. 56TH ST. TAMPA FL 33617							
TAMPA FL 33	617					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/23/1997			
2. Principal P	ace of Business	2a. Mailing Address				4 FEI Number	<del>                                      </del>	oplied For	
21		26				59-3475323		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional guired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23	3	28				Trust Fund Contribution	<b>*</b>	to Fees	
Zip Country		Zip Country				8. This corporation owes or has paid the	current year Int	tangible	
24	25	29	30			Personal Property Tax due June 30.		No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registers	d Agent		
JO	INSON, GARY K			B1	Name				
	10 AMBERLY DR. #1921					tress (P.O. Box Number is Not Acceptable)			
TAN	MPA FL 33647								
				83					
				84	City		<b>85</b> Zip	Code	
		00 1003 4500 Ft 11 <b>0</b> 1				rporation submits this statement for the purpose		la sociatorod	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	s authorized	d by t	the corpora	ation's board of directors. I hereby accept the a	ippointment as	registered	
SIGNATURE		Phil	M. Dogieteco	d Appeal	Laismatara rasi	ured when reinstating) OATL			
12,	Signature, typed or printed hame of registered as OFFICERS AN	ND DIRECTORS	13.	u Agorii	. Signature recti	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	D	DELETE	1.1 10	TLE			☐ Change	Addition	
NAME	JOHNSON, GARY K		1.2 NA	1.2 NAME					
STREET ADDRESS	15210 AMBERLY DR. #1921		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33647		1.4 CI	1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 11	2.1 TITLE			☐ Change	Addition	
NAME	JOHNSON, CONNIE J		2.2 N/	AME					
STREET ADDRESS	15211 AMBERLY DR. #1921	1	2.3 ST	reet a	NDORESS				
CITY-ST-ZIP	TAMPA FL 33647	·		ITY-ST	-7IP			- Addition	
TITLE		☐ DELETE	3.1 TI			∟ Change ∟		☐ Addition	
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	DELETE			3.4. GHY-ST-7IP 4.1 TITLE			Change	Addition	
TITLE		- Dreet	4.1 H				sa.igu		
NAME STREET ADDRESS					ADDRESS			Ì	
CITY-ST-ZIP TITLE				4.4 GITY - ST - ZIP 5.1 TITLE			Change	Addition	
NAME			5.2 NA		-			ļ	
STREET ADDRESS					ADDRESS .				
CITY-ST-ZIP				TY-S1-					
TITLE		☐ DELETE	6.1 TI				Change	☐ Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$1	IREET A	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-\$1-	-ZIP				
14. I hereby o	certify that the information supplied of	with this filing does not qualify	for the exe	empli	on stated in	n 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 other that I am an officer or director of the corporation of 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.

1/- 1/00