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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000051920

1. Corporation Name

MANAGEMENT RECRUITERS OF LUTZ, INC.

Country

25

TAMPA FL 33602

Principal	Place	of	Business

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

Mailing Address

2a. 26

27

28

29

Zip

Mailing Address

Suite, Apt. #, etc.

City & State

217 CRYSTAL GROVE BLVD. SUITE 102 **LUTZ FL 33548**

217 CRYSTAL GROVE BLVD. SUITE 102 **LUTZ FL 33548**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90144 046 ***150.00

	418) Bija l is a la 18118 11811 44 11 1687	
DO NOT WRITE IN T	HIS SPACE	
3. Date Incorporated or Qualifed		
06/10/1998		
4. FEI Number	Applied For	
65-0844454	Not Applicable	
and a state of State of Desired	\$8.75 Additional	
5. Certificate of Status Desired	Fee Required	
6. Election Campaign Financing	\$5.00 May Be	

Added to Fees

☐ Yes

PNo

9. Name and Address of Current Registered Agent DIACO, STEPHEN C 101 E KENNEDY BLVD SUITE 2175

10. Name and Address of New Registered Agent					
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)	_			
83	4	_			
84	City FL 85 Zip Code	_			

This corporation owes the current year Intangible

Election Campaign Financing Trust Fund Contribution

Personal Property Tax

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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change **■** Addition PRESIDENT, DIRECTOR ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME CRYSTAL GROVE BLVD. STE. 102 1.3 STREET ADDRESS STREET ADDRESS 33 54P 1.4 CITY-ST-ZIP SECRETARY, TRE AUNRER, DIRECTOR CITY-ST-ZIP ■ Addition ☐ DELETE TITLE 2.1 TITLE MELODY E. RAINEY 2.2 NAME NAME 217 CRYSTAL GROVE BLVD. STE. 2.3 STREET ADDRESS STREET ADDRESS 33542 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE T Change ☐ Addition ☐ DELETE 13. KERNEL BY SMITHER STATE 6.2 NAME 100mm 150mm STREET ADDRESS 6.3 STREET ADDRESS 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ess, with all other like empowered. Block 12 or Block 13 if changed

111/08 アピンコクロン