02-23-1999 90025 034 \*\*\*150.00

## 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

1. Corporation	MENT # P98000 HIT EXECUTIVE SEARCH I						
Principal Place	of Business	Mailing Address		-	I (BEI(SEI (IN 1818) 1811) MESTE ABITE BRITE PRINT ON	/# #### 1#### IT## 1	#188 till F##F
5364 EHRLICH	ROAD	5364 EHRLICH ROAD					
SUITE 117 SUITE 117					DO NOT WRITE IN THIS SPACE		
TAMPA FL 3362	TAMPA FL 33625	A FL 33625		3. Date Incorporated or Qualifed			
	Ч	4			08/05/1998		İ
2 Principal P	lane of Business	2a. Mailing Address			4, FEI Number	Apr	olied For
2. Principal Place of Business		26			159-3525565		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	
22		27			5. Certificate of Status Desired	· Fee Red	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cor	intry	8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent	
AL4C	DI AUNED			81 Name	• • •		
AMERILAWYER				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE				83			
CORAL GABLES FL 33134				83			
				84 City	F	85 Zip C	ode
		1007 4500 Florida Ota			poration submits this statement for the purpose		registered
office or re agent. I a	to the provisions of sections 607.504 egistered agent, or both, in the State m familiar with, and accept the obligations of the control of the provisions of the provisi	of Florida. Such change was	authorized	the corporation	on's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	1 Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PD \	DELETE	1.1 TI	TLE		☐ Change	☐ Addition
NAME	vennekot)(er, michael g	· ·	1.2 N	AME			
STREET ADDRESS	5364 EHRIZÍCH ROAD		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	TAMPA F/L 33625		1.4 C	ITY+ST-ZIP			
TITLE	SD \	X DELETE	2.1 Ti	TLE		☐ Change	☐ Addition }
NAME	HENRY, L <mark>i</mark> gya G	,	2.2 N	AME			-
STREET ADDRESS	5364 EHRÄICH ROAD		2.3 \$	TREET ADDRESS			,
CITY-ST-ZIP	TAMPA PL 33625			CITY-ST-ZIP		, a service .	
TITLE	TD `	☐ DELETE	3.1 T	TLE		Change	Addition
NAME	PRICE, DEBRA J		3.2 N	AME			ļ
STREET ADDRESS			3.3 S	TREET ADDRESS			Ì
CITY-ST-ZIP	TAMPA FL 33625			CITY-ST-ZIP		Change	- Addition
TITLE		☐ DELETE	4.1 T			☐ Change	☐ Addition
NAME				IAME			
STREET ADDRESS			- 6	TREET ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 T 5.2 N				1-1 (1001101)
NAME				TREET ADDRESS			
STREET ADDRESS				ITY-ST-ZIP			Ì
CITY-ST-ZIP		DELETE	6.1 T			☐ Change	Addition
TITLE			6.2 N			_ >	
NAME				TREET ADDRESS			1
STREET ADORESS	İ		E 0.20				I

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

Daytime Phone #