05171999-90064-042-$145.00-$145.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90064 042 ***145.00
06-09-1999 90032 005 *****5.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000809888

1. Corporation Name
CAREER COLLABORATION RESOURCE CENTER INC

[redacted]

Principal Place of Business — Mailing Address
5878 DOGWOOD DRIVE
ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09-14-98

4. FEI Number
59-3531071 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 5878 Dogwood Dr.
Suite, Apt. #, etc. 22
City & State 23 Orlando, Fl
Zip 24 32807 Country 25

2a. Mailing Address
26 ← SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
Oscar H. Pendleton Jr. Ph.D.
5878 Dogwood Drive
Orlando, Fl 32807

10. Name and Address of New Registered Agent
81 Name: JoeAnn B. Caesar
82 Street Address (P.O. Box Number is Not Acceptable)
83 5878 Dogwood Drive
Orlando, Fl 32807
84 City: FL 85

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: JoeAnn B. Caesar — 4/27/99
Signature of or typed name of registered agent and title if applicable (NOTE: For a typed signature, signature required on reverse side)

12. OFFICERS AND DIRECTORS

TITLE	Registered Agent
NAME	Oscar H. Pendleton Jr. Ph.D.
STREET ADDRESS	5878 Dogwood Dr.
CITY-ST-ZIP	Orlando, Fl 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V.P.
NAME	Oscar H. Pendleton Jr. Ph.D.
STREET ADDRESS	5878 Dogwood Dr.
CITY-ST-ZIP	Orlando, Fl 32807
TITLE	Registered Agent P
NAME	JoeAnn B. Caesar
STREET ADDRESS	5878 Dogwood Drive
CITY-ST-ZIP	Orlando, Fl 32807

X Change [ ] Addition
[ ] Change XX Addition
[ ] Change [ ] Addition

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.

SIGNATURE: JoeAnn B. Caesar — 4/27/99
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-208-9646
Telephone Number