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

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # **P98000090385**1. Corporation Name

SELECT RECRUITING SERVICES, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90016 004 ***150.00

Principal Place of Business Mailing Address						BELLÉ IBILI ABIBE (112)	Bifi aiti tast
525 DELANEY PARK DRIVE		525 DELANEY PARK DRIVE					
ORLANDO FL 32806		ORLANDO FL 32806		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	THIS SI AGE	
					10/22/1998	ļ	}
2 Principal P	lace of Business	2a. Mailing Addres	s		4. FEI Number	App	lied For
21 Philopair	iace of Business	26 3100 Ch			59-3537834	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, e				\$8.75 A	dditional
22		27 /65			5. Certifcate of Status Desired	, Fee Red	uired
City & Stat	e	City & State	4 -		6. Election Campaign Financing	\$5.00	vlay Be
23		28 OLLANDO	FL		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		untry	8. This corporation owes the current ye		_,,
24	25	29 32804	30 (J. S. A	Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Regist	ered Agent	
WEI	SH, RANDALL J			oi Name		1	
	ELLWOOD AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	ı	}
	ANDO FL 32804			83		· · · · · ·	
Q11,E						<u> </u>	
				84 City		85 Zip C	ode
44 D	to the provisions of Sections 607.050	12 and 607 1508 Elorids	Statutes the	above-named com	oration submits this statement for the purpo	se of changing its	registered
office or i	egistered agent, or both, in the State	of Florida. Such change	e was authorize	ed by the corporation	on's board of directors. I hereby accept the	appointment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.05	os, Fiorida Sta	tutes.		i	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Registere	d Agent signature require	d when reinstating) DA	TE ,	 ;
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE	VSTD	☐ DEL	ETE 1.1 T	TILE		☐ Change	Addition
NAME	WELSH, RANDALL J		1.2 %	AME		1	
STREET ADDRESS	754 ELLWOOD AVENUE		1.3 5	STREET ADDRESS		I .	
CITY-ST-ZIP	ORLANDO FL 32804		140	CITY-ST-ZIP			
TITLE	PD	☐ DEL	ETE 2.1 T	TITLE		Change	☐ Addition (
NAME	GUADALUPE, FELIXON A		2.21	VAME		•	{
STREET ADDRESS	525 DELANEY PARK DRIVE		2.3 9	STREET ADDRESS	-	:	ين ا
CITY-ST-ZIP	ORLANDO FL 32806			CITY-ST-ZIP			TALES:
TITLE		☐ DEL	ETE 3.11	ITTLE		Change	☐ Addition
NAME			3.21	NAME		!	
STREET ADDRESS			3.3 \$	STREET ADDRESS		,	
CITY-ST-ZIP				CITY-ST-ZIP			Addition
TITLE		☐ DEL	.ETE 4.17	TITI F			L_ Addition
NAME				i		☐ Change	
STREET ADDRESS			1	NAME		Change	
			4.3 \$	NAME STREET ADDRESS		Change	
CITY-ST-ZIP			4.3 \$ 4.4 (NAME STREET ADDRESS CITY-ST-ZIP		· • • • • • • • • • • • • • • • • • • •	Addition
CITY-ST-ZIP TITLE		☐ DEL	4.3 \$ 4.4 (ETE 5.1 T	NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME		□ DEL	4.3.5 4.4.0 ETE 5.1.1 5.2.1	NAME STREET ADDRESS CITY-ST-ZIP TITLE		· • • • • • • • • • • • • • • • • • • •	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DEL	4.3 \$ 4.4 (ETE 5.11 5.2) 5.3 \$	NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS		· • • • • • • • • • • • • • • • • • • •	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.35 4.40 ETE 5.11 5.27 5.35 5.40	NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DEL	4.33 4.40 ETE 5.11 5.27 5.35 5.40 ETE 6.11	NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		· • • • • • • • • • • • • • • • • • • •	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.33 4.40 5.11 5.21 5.33 5.40 ETE 6.11 6.21	NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		Change	

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 chapters, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: